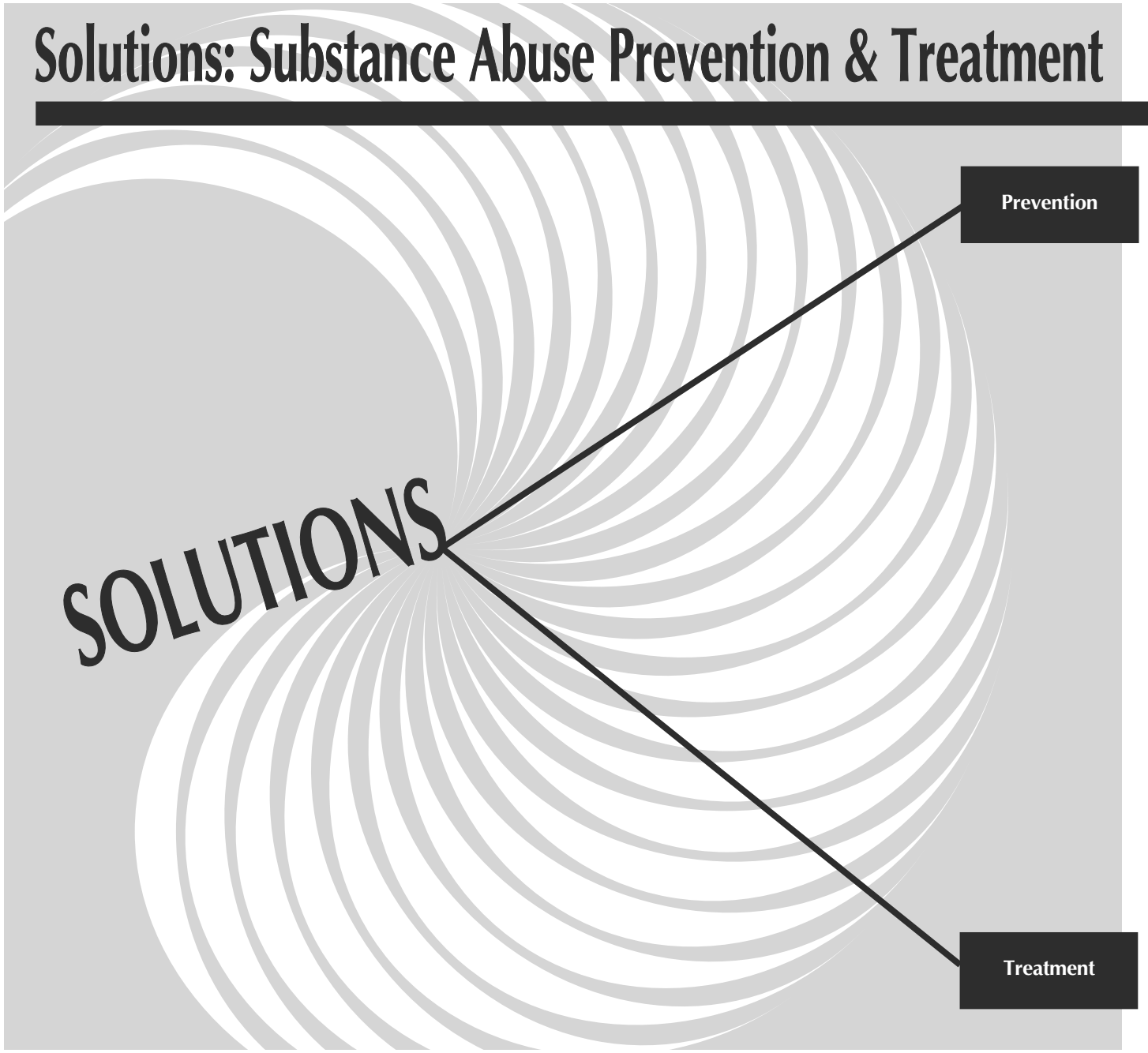
Solutions: Substance Abuse Prevention & Treatment



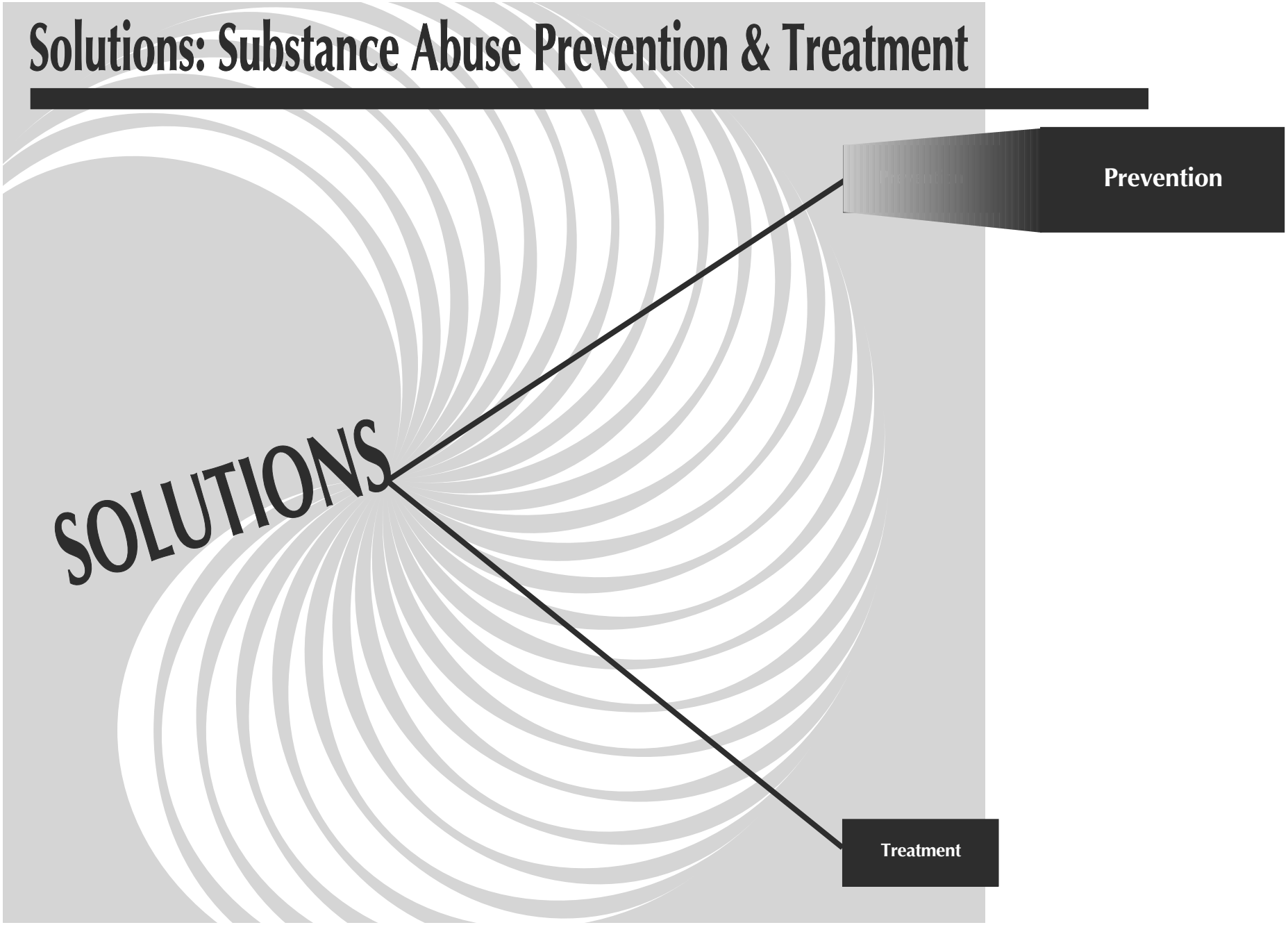
Introduction

State Law RCW 70.96A identifies the Division of Alcohol and Substance Abuse (DASA) as the "single state" agency for planning and delivery of substance abuse treatment and prevention services. All public substance abuse services funded by state or federal funds are either managed by DASA or operate in coordination with DASA (for example, services provided by the Department of Health, the Department of Licensing, the Department of Corrections and the Office of the Superintendent of Public Instruction).

DASA does not provide direct prevention or treatment services, but rather, provides these services through contracts with county governments, Indian tribes, and non-profit service providers. The largest portion of available federal and state funds are contracted through county and tribal governments. Each biennium, DASA develops a plan for program development and prevention and treatment service strategies.

County governments and tribes are awarded prevention and treatment funds on the basis of a formula established by DASA in coordination with these governmental units. Counties and tribes are expected to conduct a needs assessment for prevention and treatment needs, based on the available funding and submit a plan to DASA. Contracts for community-based prevention and treatment services are written to include work statements specifying the activities which will be provided under the contracts.

Solutions: Substance Abuse Prevention & Treatment



Prevention

The Division of Alcohol and Substance Abuse's (DASA) Prevention Program is aimed at preventing alcohol, tobacco, and other drug use and abuse, reducing their negative consequences and, minimizing future needs for chemical dependency treatment.

DASA's prevention program covers all segments of the population at potential risk for drug and alcohol use and abuse. However, the primary focus is on children who have not yet begun use or are still only experimenting. Research indicates that youth who initiate alcohol and/or other drug use before the age of 15 are twice as likely to experience alcohol or drug problems than those who wait until after the age of 19.[1] The U.S. Surgeon General's 1994 Report, "Preventing Tobacco Use Among Young People," found that if adolescents are kept tobacco-free, they are extremely unlikely to take up tobacco use later in life.[2]

DASA has two main prevention goals: 1) delay onset of use; and 2) reduce alcohol, tobacco, and other drug misuse. DASA has also adopted performance measures for the 1999-2001 Biennium: to increase the number of children in each of three grades – 6th, 8th, and 10th – who have not used alcohol, tobacco, or marijuana in the past 30 days.

The Division's Philosophy

DASA has adopted a "risk and protective factor" approach as the conerstone of its efforts to prevent alcohol and other drug abuse. Risk factors are personal, family or community characteristics that increase the likelihood an individual will use alcohol or other drugs. Protective factors are similar characteristics that help insulate individuals from substance-abusing behaviors.

Seventeen risk factors have been identified for substance use/abuse, in four major categories:

1. Community:

- Availability of alcohol, tobacco, and other drugs
- Community laws and norms favorable to substance use
- Transitions and mobility
- Low neighborhood attachment and disorganization
- Extreme economic deprivation

2. Family:

- Family history of substance abuse
- Family management problems
- Family conflict
- Favorable parental attitudes and involvement with substance abuse

3. School:

- Early and persistent antisocial behavior
- Academic failure beginning in elementary school
- Lack of commitment to school

4. Individual/Peers:

- Rebelliousness
- Friends who use
- Favorable attitudes towards substance use
- Early initiation of substance use
- Constitutional factors[3]

Protective factors include individual protective characteristics, bonding to family, school, community and/or peers, and healthy beliefs and clear standards for behavior.

DASA contracts with the Department of Social and Health Service' Research and Data Analysis to compile risk and protection profiles for each of the 39 counties. These profiles provide substantial support to counties in program planning resource allocation, and the development of outcome measures.

[1] Developmental Research Programs (1996). Communities that care planning kit. Seattle, WA: Developmental Research Programs.
[2] U.S. Surgeon General (1994). Preventing tobacco use among young people: a report of the Surgeon General. Washington, DC: U. S. Department of Health and Human Services.
[3] Hawkins, J., Catalano, R. & Miller, J. (1992). Risk and protectivew factors for alcohol and other drug problems in adolescence and early adulthood: implications f
Bulletin. 112 (1), pp. 64-105.

Evidence-Based Principles for Substance Abuse Prevention

The National Drug Control Strategy's Performance Measures of Effectiveness require the White House Office of National Drug Control Policy (ONDCP) to "develop and implement a set of research-based principles upon which prevention programming can be based." Drawing upon literature reviews and guidance from the federal Departments of Education, Justice, and Health and Human Services, ONDCP has adopted 15 "Evidence Based Principles for Substance Abuse Prevention"[1]:

Address Appropriate Risk and Protective Factors for Substance Abuse in a Defined Population

1. Define a population.

2. Assess levels of risk, protection, and substance abuse for that population.

3. Focus on all levels of risk, with special attention to those exposed to high risk and low protection.

Use Approaches That Have Been Shown to Be Effective

4. Reduce the availability of illicit drugs, and of alcohol and tobacco for the under-aged.

5. Strengthen anti-drug-use attitudes and norms.

6. Strengthen life skills and drug refusal techniques.

7. Reduce risk and enhance protection in families.

8. Strengthen social bonding.

9. Ensure that interventions are appropriate for the populations being addressed.

[1] Office of National Drug Control Policy. (2000). National drug control strategy: 2000 annual report. Washington, DC.

Intervene Early at Important Stages and Transitions

10. Intervene early and at developmental stages and life transitions that predict later substance abuse.

11. Reinforce interventions over time.

Intervene in Appropriate Settings and Domains

12. Intervene in appropriate settings and domains.

Manage Programs Effectively

13. Ensure consistency and coverage of programs and policies.

14. Train staff and volunteers.

15. Monitor and evaluate programs.

Children's Transition Initiative (CTI)

Based on statewide risk and protective factor data, and prevalence data collected through the 1998 Washington State Adolescent Health Behavior Survey, DASA has begun piloting a new Children's Transition Initiative (CTI) in seven counties. Survey data show a sharp rise in youth alcohol, tobacco, and marijuana use between grade school and middle school, and again between middle school and high school. National research findings demonstrate the benefits of providing prevention services to youth over time. These findings provide the basis for CTI, the goal of which is to prevent children, ages 9 to 16, from using alcohol, tobacco, marijuana, and other drugs.

Through CTI, existing county programs will identify discrete youth populations at high risk for drug initiation. Prevention programming will be specifically tailored for each group, depending on their individual risk factors, protective factors, and assets.

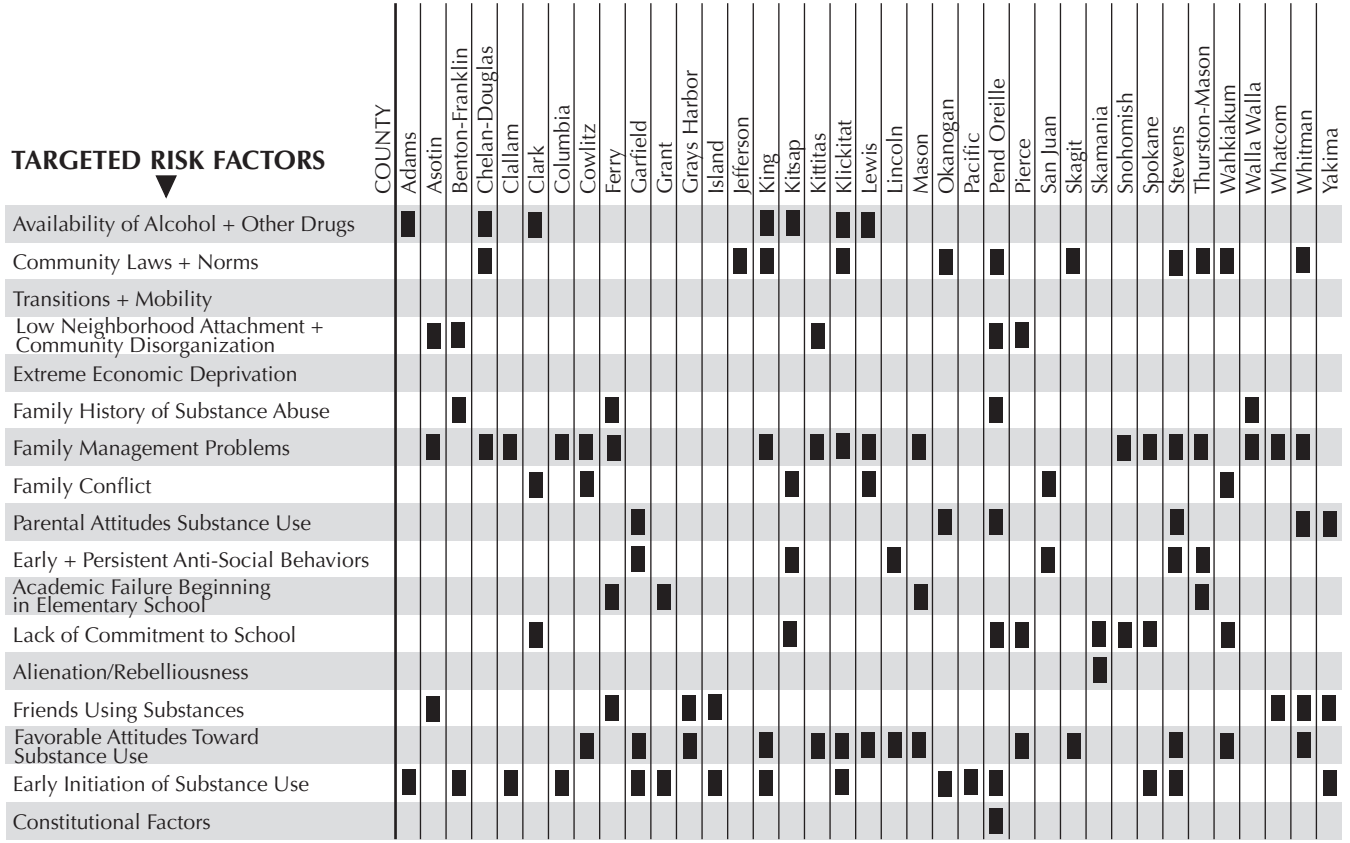
The following primary outcomes have been identified for CTI:

- Enrolled youth will demonstrate a significantly higher rate of abstinence from alcohol, tobacco, marijuana, and other drugs than non-enrolled youth with similar risk factors, protective factors, and assets.
- There will be a 50% increase in the awareness of risk and protective factors associated with substance abuse by parents or caregivers of CTI-participating children.
- 80% of children enrolled in CTI will be retained in the initiative for a minimum of 12 months.

Secondary outcomes will be negotiated between DASA and counties, and may include targeted risk and protective factors in the school, family, peer, or community domains. From July 1999 thru January 2002, 265 children and families have been enrolled in CTI services in the following counties: Benton, Franklin, Columbia, Grant, Island, Lincoln, Spokane, Skamania, Whatcom, Pierce, Lewis, and Clark.

Targeted Risk Factors

The table below displays a summary of the top targeted risk factors (for the 2001-2003 Biennium) identified by each of the counties in Washington State.



Source: Data compiled from Division of Alcohol and Substance Abuse quarterly reports.

Targeted Risk Factors

The table below displays a summary of the top targeted risk factors (for the 2001-2003 Biennium) identified by each of the federally recognized Tribes in Washington State.

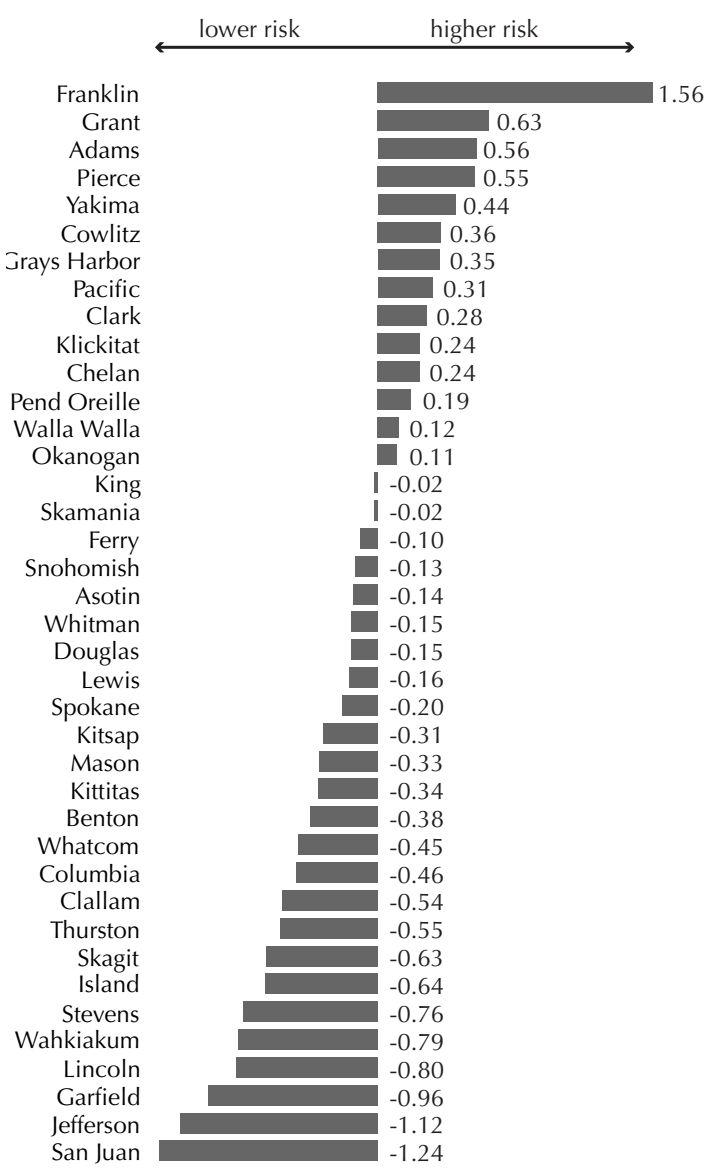
TARGETED RISK FACTORS ▼	TRIBE	Chehalis	Chinook	Colville	Hoh Tribe	Jamestown S'Klallam	Kalispel	Lower Elwha	Lummi	Makah	Muckleshoot	Nisqually	Nooksack	Port Gamble S'Kallam	Puyallup	Quileute	Quinalt	Samish	Sauk - Seattle	Shoalwater Bay	Skokomish	Spokane	Squaxin	Steilacom	Stillaguamish	Suquamish	Tulalip	Upper Skagit	United Indians of All Tribes	Yakima
Availability of Alcohol + Other Drugs																														
Community Laws + Norms																		■				■								
Transitions + Mobility																									■					
Low Neighborhood Attachment + Community Disorganization		■								■	■							■	■											
Extreme Economic Deprivation																														
Family History of Substance Abuse																											■			
Family Management Problems																														
Family Conflict														■																
Parental Attitudes Substance Use								■				■								■										
Early + Persistent Anti-Social Behaviors																				■							■			
Academic Failure Beginning in Elementary School																														
Lack of Commitment to School						■																								
Alienation/Rebelliousness							■																							
Friends Using Substances																										■				
Favorable Attitudes Toward Substance Use											■			■						■										
Early Initiation of Substance Use																		■												
Constitutional Factors																														

Source: Data compiled from Division of Alcohol and Substance Abuse quarterly reports.

Risk Factor: Low Neighborhood Attachment and Community Disorganization

In some neighborhoods, people do not feel like there are collective rules or goals by which members live. In these neighborhoods there may be higher rates of juvenile delinquency, less voluntary monitoring or informal surveillance of public spaces, and less willingness to intervene for the public good. A willingness to intervene in support of community principles is based on mutual trust and solidarity. This may be difficult to achieve where neighbors do not know each other, and where individuals do not believe they can change things for the better.

These conditions are most likely to prevail in neighborhoods with high turnover, and especially where there is a falling population and increased residential vacancies. These are often also areas of economic disadvantage due to rising unemployment.

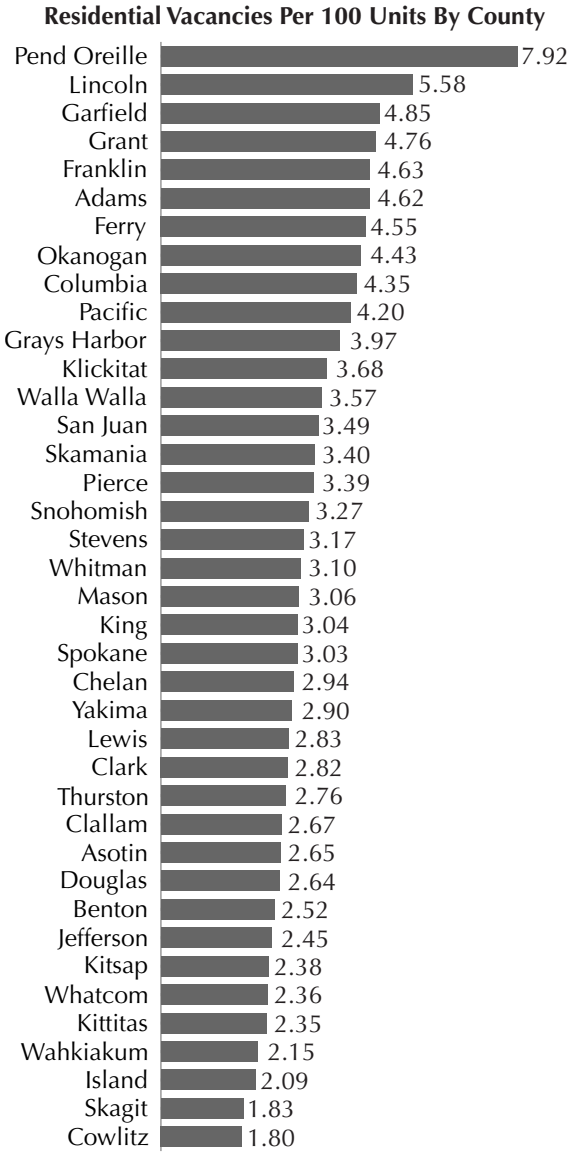


Source: Becker, L., Sandberg, M., Barga, V., & Stanley, M. (2000). Profiles of Risk and Protection for Substance Abuse Prevention Planning in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse, and Research and Data Analysis.

Risk Factor: Low Neighborhood Attachment and Community Disorganization – Residential Vacancies

Four indicators based on data gathered from archival sources are used to assess the degree of low neighborhood attachement and community disorganization. These are: population not registered to vote; population not voting in elections; number of community residents within state correctional systems; and residential vacancies.

This graph illustrates the residential vacancy rate per 100 housing units based on data from 1990 U.S. Cenus.



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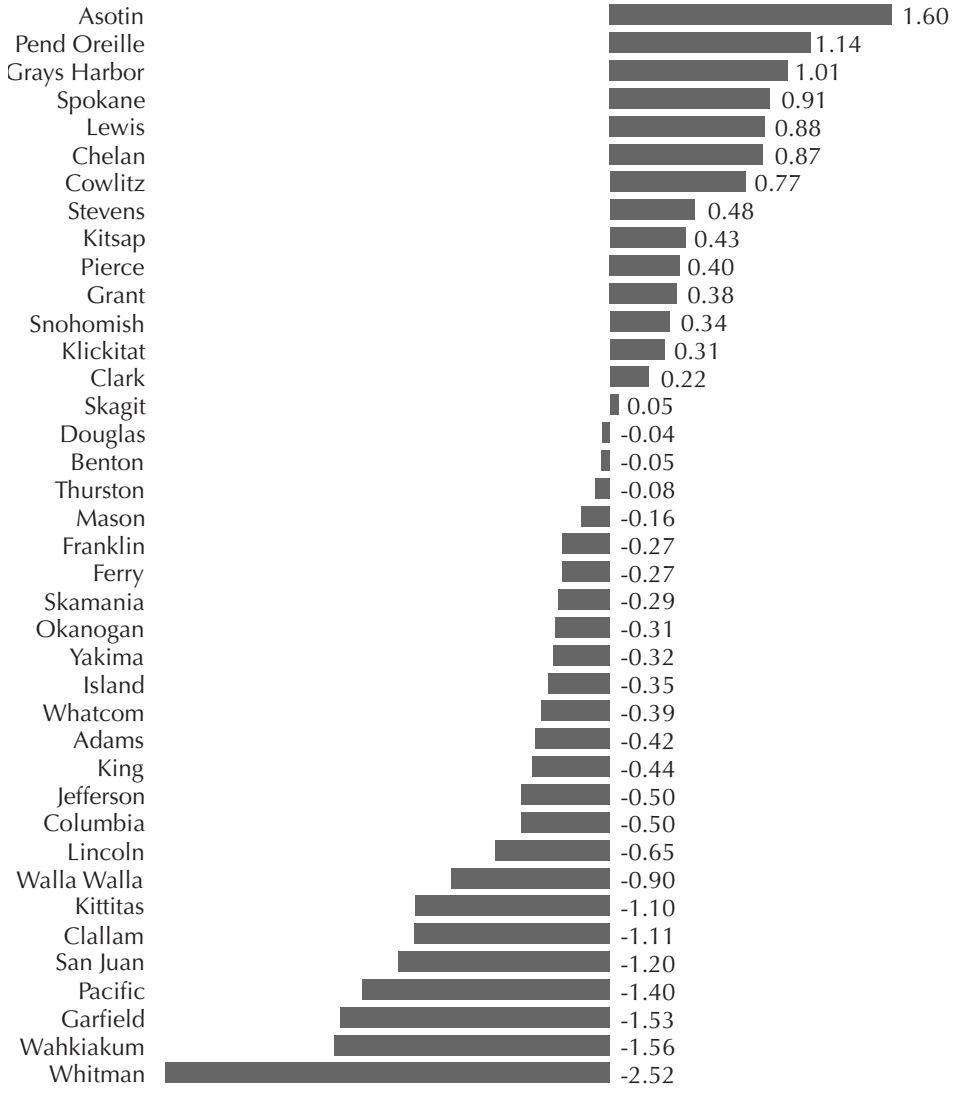
Risk Factor: Family Conflict

Families have the primary reponsibility for ensuring children's safety and for providing the nurturing and guidance children need. Skillful parents help their children navigate the challenges of growing up, and assist them on the way towards becoming competent and caring adults.

Persistent conflict between parents or caregivers, or between parents and children, increases the risk for children in these families. Family conflict is a strong predictor of delinquency and anti-social behavior, including substance abuse.



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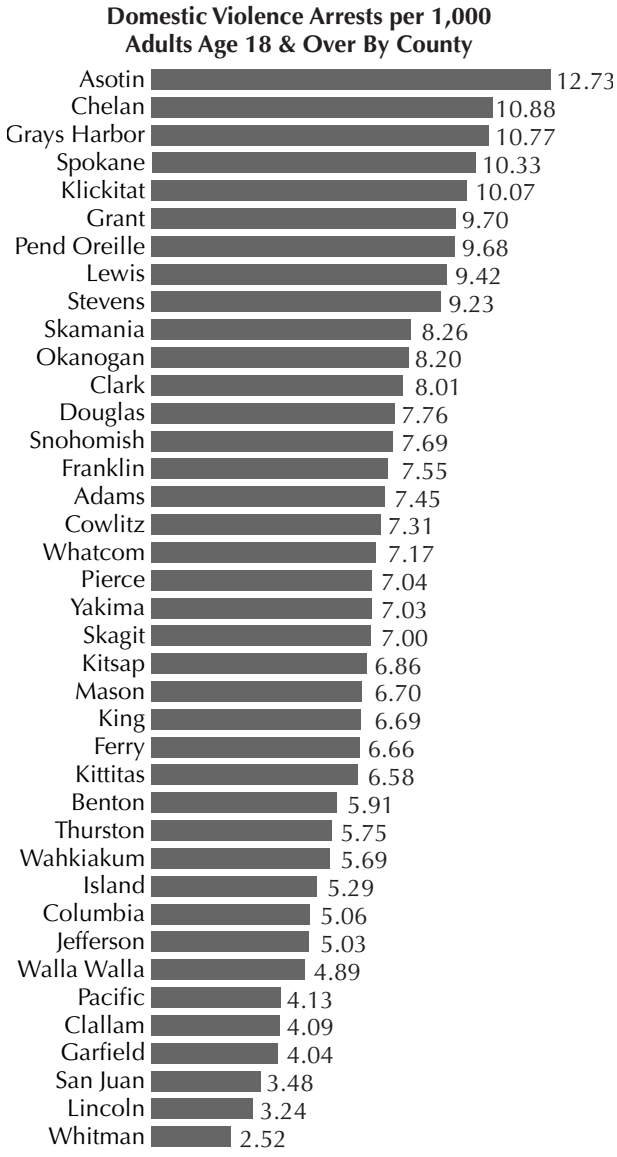
Risk Factor: Family Conflict – Domestic Violence

Two indicators based on data gathered from archival sources are used to assess the degree of family confilict. These are: divorce rates and rates of domestic violence arrests. Domestic violence arrests are a more direct indicator of conflict. However, it should be noted that the rate of domestic vilence arrest can fluctuate based on community and police norms for defining domestic violence and workload constraints. A single well-publicized domestic violence case can lead to an increased number of reports and heightened police vigilance.

This graph illustrates the rate of domestic violence arrests by county.



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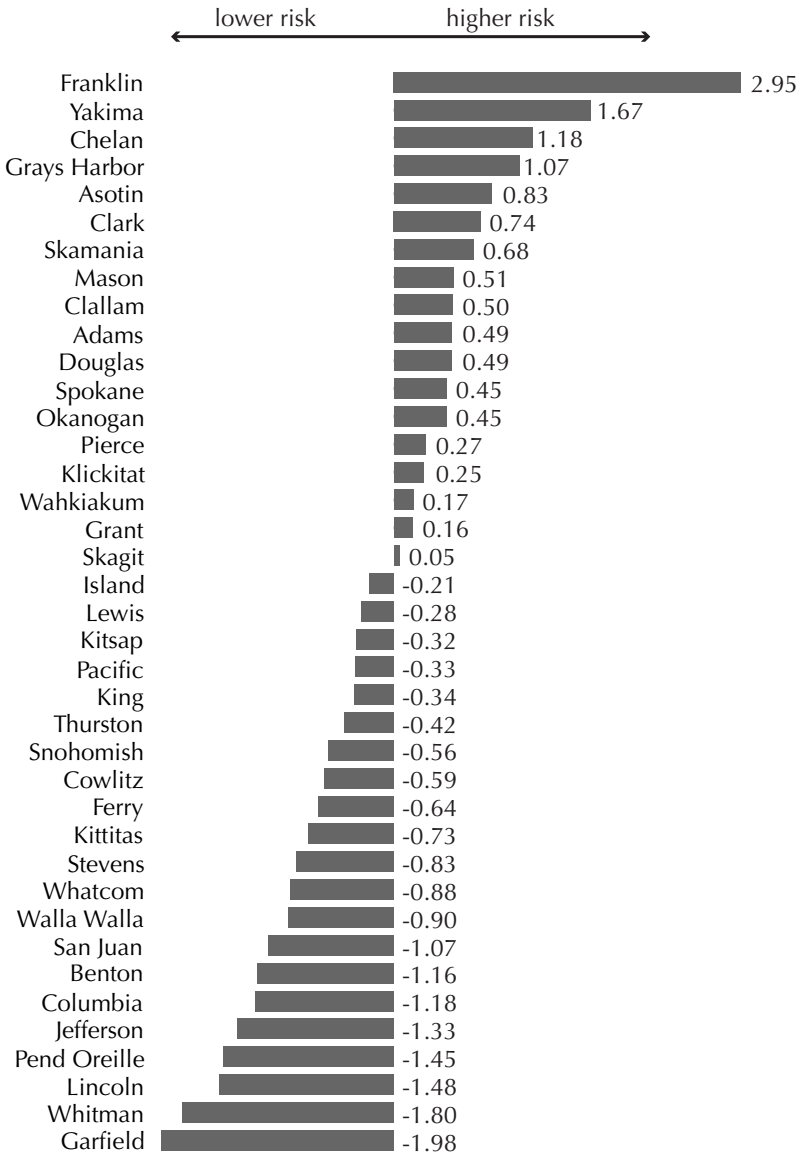
Risk Factor: Low Commitment to School

Being able to succeed in school is one of the most important factors in a child's self-confidence and her/his hopes and beliefs about the future. Beginning in the late elementary grades, academic failure increases the risk of both early substance abuse and delinquency.

Research has demonstrated that drug use is significantly lower among students who expect to attend college than those who do not. Factors such as liking school, spending time on homework, and perceiving their coursework as relevant are correlated with lower rates of drug use. When young people cease to see school as meaningful or important in their lives, they are at higher risk of engaging in unhealthy behavior.



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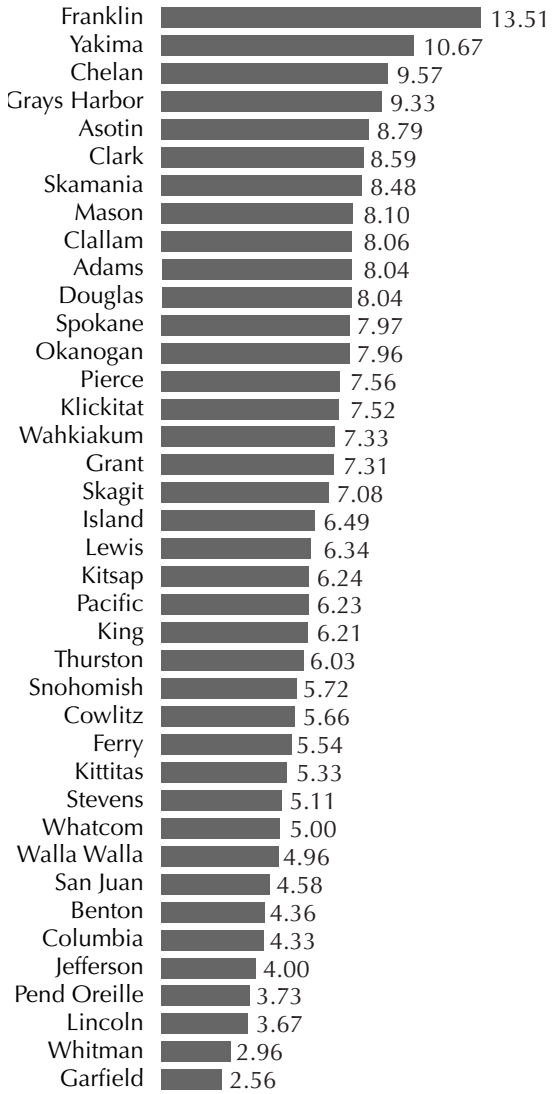
Risk Factor: Low Commitment to School – High School Dropouts

One indicator based on data gathered from archival sources is used to assess low commitment to school: high school dropout rates per 100 students grades 9-12.

This graph indicates high school dropout rates by county, based on data supplied by the Office of the Superintendent of Public Instruction.

High School Dropout Rates Per 100 Students Grades 9-12, By County



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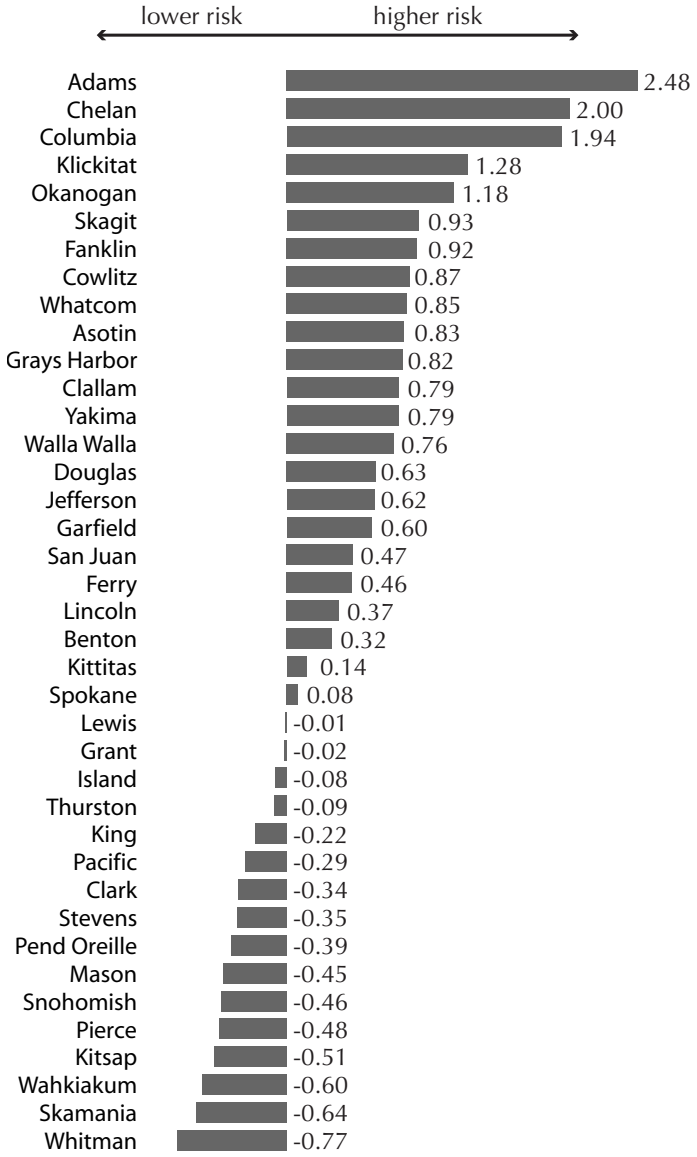
Risk Factor: Early Initiation of Problem Behavior

Early initiation of problem hehavior by young people is a risk factor for continuation or escalation of the behavior when they reach maturity. The younger the age at which youth first use alcohol, tobacco, or marijuana, the more likely it is that they will continue use of these or other substances. Conversely, the longer the delay in age at which young people experiment with substances, the more likely that they will ultimately reject experimentation and use.

Reducing problem behavior means teaching children self-control. It is important for adults, both at home and school, to establish clear rules, monitor and supervise behavior, and reinforce desired conduct. Children are also less likely to intiate problem behavior when they learn how to solve problems and resolve conflicts effectively and consider the effects of their hehavior on others, rather than acting impulsively.



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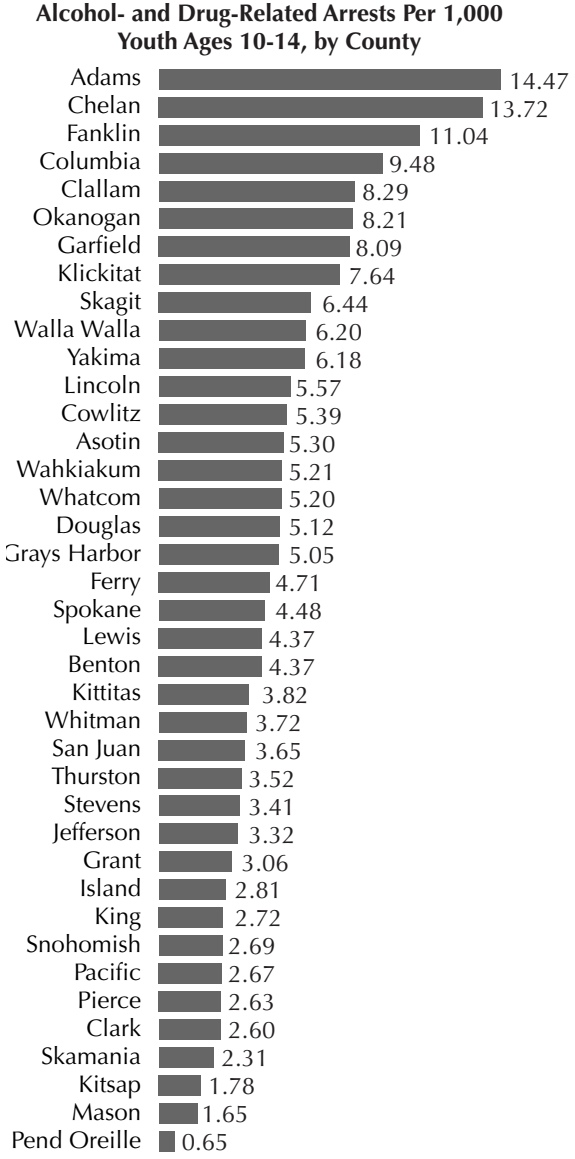
Risk Factor: Early Initiation of Problem Behavior – Alcohol- and Drug-Related Arrests

Three indicators based on data gathered from archival sources are used to assess early initiation of problem behavior: rates of alcohol- and drug-related arrests, property crime arrests, and vandalism arrests for youth ages 10-14.

This graph indicates rates of alcohol- and drug-related arrests per 1,000 youth ages 10-14, by county. It is based on data taken from Uniform Crime Reports, 1993-1997.



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Special Prevention Programs

The Division of Alcohol and Substance Abuse is continually involved in a series of prevention programs across the state. Some programs are statewide, while others are county or community specific. Here are just a few of programs DASA currently sponsors:

Public Education Program

DASA supports public education strategies that raise awareness of the harmful consequences of substance use and abuse as a first step in changing attitudes and, ultimately, behaviors. The goals of DASA's program include providing information about the effectiveness of prevention and treatment programs, and connecting parents, youths, and communities with prevention and treatment resources. Components of the program include media literacy education, media advocacy, and multi-media counter-advertising.

Media Program

DASA has developed partnerships with regional television, radio, and newspaper entities as well as local media outlets to promote alcohol, tobacco, and other drug-related prevention messages. Some messages are developed by DASA, while others are provided by the White House Office of National Drug Control Policy, Partnership for a Drug-Free American, and the federal Center for Substance Abuse Prevention.

School-Based Prevention/Early Intervention Program

DASA has established an interagency agreement with the Office of the Superintendent of Public Instruction to administer a statewide school-based program targeting students at risk for developing alcohol, tobacco, and other drug-related problems. Students who are chemically dependent are referred to community-based treatment centers.

Reducing Underage Drinking Initiative

DASA has developed an interagency partnership with the Washington State Liquor Control Board and Washington Traffic Safety Commission to implement a statewide underage drinking prevention initiative. The initiative strives to build community-based partnerships made up of law enforcement, the prevention system, public education, and the juvenile justice system.

Reducing Access to Tobacco Products Partnership

DASA has established an interagency partnership with the Department of Health and the Liquor Control Board to educate tobacco retailers and enforce laws relating to the sale of tobacco products to children.

Alcohol & Drug Information Clearinghouse

DASA contracts with the Washington State Alcohol & Drug Clearinghouse to assist communities, schools, and individuals with access to information about alcohol, tobacco, and other drugs. A statewide toll-free hotline and web-page provides access to printed materials, a video lending library, research reports, posters, and other educational materials.

State Prevention Summit

DASA, in collaboration with other state agencies and statewide prevention organizations, sponsors an annual State Prevention Summit. The Summit brings together over 1,000 participants representing community teams comprised of educators, parents, youth, law enforcement, prevention specialists, and faith community leaders.

College Coalition

DASA has established an interagency agreement with the University of Washington to facilitate the College Coalition. Coalition members administer campus-based prevention programs targeting students and university communities.

Mentoring Initiative

In collaboration with a statewide advisory committee, DASA has established the Washington State Mentoring Partnership. Comprised of mentoring program administrators, service providers, and advocates, the Partnership is implementing a strategic plan for recruiting and using mentors to reach at-risk youth and model, teach, and reinforce positive behavior. DASA provides technical assistance to prevention planners and providers interested in developing local mentoring programs.

School Survey

DASA collaborates with the Office of the Superintendent of Public Instruction (OSPI), Department of Social and Health Services' Division of Research and Data Analysis, Department of Health, and the Office of Community Development to administer a biennial statewide adolescent health behavior survey through local school districts. The alcohol, tobacco, and other drug prevalence data and risk/protective factor information generated from this survey is used by prevention planners and service providers throughout the state.

Drug-Free Workplace Program

DASA contracts with the Washington State Labor Council to assist labor unions in the development of drug-free workplace policies in businesses throughout the state.

Community Prevention Training System

DASA provides training support and funds to county and tribal prevention programs across the state. Interested counties and tribes can receive funding to support training events that enhance their biennial prevention plans.

Washington State Incentive Grant

In July 1998, Governor Gary Locke received a four-year, $8.9 million State Incentive Grant (SIG) awarded by the federal Center for Substance Abuse Prevention. The grant is being used to fund initiatives to reduce youth alcohol, tobacco, marijuana, and other drug use; reduce factors that put youth (grades 4-10) at risk for substance abuse; and enhance factors that provide protection for youth against these risks. The Division of Alcohol and Substance Abuse (DASA) is the agency designated as lead for managing this grant, with Department of Social and Health Services' (DSHS) and Research and Data Analysis (RDA) as the primary evaluator.

Washington State Substance Abuse Prevention System Development Status

In March 2001, Governor Gary Locke issued a document titled *Washington State Incentive Grant State Substance Abuse Prevention System.* This document, prepared by the 32-member Governor's Substance Abuse Prevention Advisory Committee, included signed commitments by the directors of state agencies, councils, commissions, and boards involved in substance abuse prevention "to work together to address Washington State's overarching objectives and institute strategies for a State Substance Abuse Prevention System". Final recommendations for the State Substance Abuse Prevention System are due to the Governor in June 2002.

Participating state entities include the Governor's Executive Policy Office, Office of the Lieutenant Governor, Department of Social and Health Services, Office of the Superintendent of Public Instruction, Office of Community Development, Department of Health, Liquor Control Board, Governor's Juvenile Justice Advisory Committee, Family Policy Council, Washington State Traffic Safety Commission, Governor's Council on Substance Abuse, and Citizen Advisory Council on Alcoholism and Drug Addiction.

State Incentive Grant Objectives

In March 1999, the Governor's Substance Abuse Prevention Advisory Committee, and Governor Locke issued, a Washington State Substance Abuse Prevention Plan. The goal of the Plan is to "streamline state-level prevention systems to coordinate resources and reduce duplication of effort. Below is a table listing the six objectives of the Plan and steps being taken to address them:

Approved March 1999	Approved March 2001
Objective 1 To identify and adopt a set of common outcome measures building on the emerging consensus of a "science-based" risk and protective factor approach to prevention.	**Participating state agencies** reached agreement to work on 18 overarching state outcome objectives and corresponding benchmark objectives. The Governor's Council on Substance Abuse is the lead designated to prepare "report" cards on the progress of reaching the benchmarks every two years.
Objective 2 To develop and coordinate administration of common community needs and resource assessment tools.	**Participating state agencies** reached agreement to expand the existing Community Outcome Risk Evaluation Geographic Information System currently being managed by the Department of Social and Health Services, Research and Data Analysis Division to collect the data necessary to track the overarching state outcome objectives.
Objective 3 To define selection criteria to identify the science-based prevention programs which can best address the needs identified from common assessment and measures.	**The Western Center for the Application of Prevention Technology (WestCAPT)** is the lead for ensuring that community prevention providers have access to current information on science-based prevention programs and programs with promising approaches. At the present time, detailed information is available on CD ROM and via the Internet at http://www.unr.edu/westcapt/.
Objective 4 To develop uniform reporting mechanisms which can capture outcomes of individual community prevention programs.	**The SIG Community Projects** are continuing to field-test a prevention outcome evaluation and monitoring system called *Everest*. The goal is to have this system available to interested prevention providers from participating state agencies and from the community at large. *Everest* is a Web-enabled system that: (1) Generates pre/post tests designed to measure outcomes of participants in prevention programs; (2) Provides a confidential screen for input of the test results; (3) Matches the pre-and post information; and (4) Immediately generates a series of outcome reports.
Objective 5 To develop guidelines for leveraging and redirecting money and resources based on the confidence of the scientifically established outcome measures, uniform community assessments, and reliable reporting.	**Participating state agencies** have achieved tremendous accomplishments through collaboration. In addition to working together on the various aspects of the objectives as described, the state agencies achieved the following: (1) Consolidated administration of school-based adolescent health behavior survey to be administrated every two years in the fall of the second year of the state biennial cycle; and (2) Administrated collaborative community needs assessment that allowed for one assessment to be jointly conducted on the local level and submitted for use by multiple funding state agencies.
Objective 6 To create a system for continuous professional development for all prevention providers, both volunteer and paid.	**The Western Center for the Application of Prevention Technology (WestCAPT)** is the lead for ensuring that community prevention providers have access to training that will prepare them on the most current findings related to prevention and implementation of science-based prevention programs and programs with promising approaches. WestCAPT is developing a state calendar for training opportunities.

In the development of the State Incentive Grant State Substance Abuse Prevention System, 18 objectives were set, and responsibility assigned to those state agencies expected to take the lead in moving the state toward meeting those objectives.

State Incentive Grant Overarching Outcomes and Benchmark Objectives

#	Desired Outcome Objectives	Baseline	Targeted State Benchmarks	Long-range	Short-range	CTED	DOH	DSHS	FPC	GJJAC	LCB	OSPI	WTSC
	SAFETY												
1.	Reduce alcohol-related motor vehicle crash deaths.	1997 4.74 per 100,000	4.0 per 100,000		X			✓			✓		✓
2.	Reduce illicit drug-related deaths.	1998 5.93 per 100,000	3 per 100,000		X			✓					
3.	Reduce the number of young people in Grades 9 through 12 who reported that they rode, during the previous 30 days, with a driver who had been drinking alcohol.	1999 29%	25%	X		✓		✓			✓		✓
4.	Increase the percentage of students reporting that they feel safe in school.	2000 Grade 6 - 86% Grade 8 - 77.4% Grade 10 - 77.5% Grade 12 - 85%	Grade 6 - 90% Grade 8 - 90% Grade 10 - 90% Grade 12 - 90%	X						✓		✓	
5.	Reduce the percentage of youth at risk because they do not perceive communities as having strong laws and norms against substance use.	2000 Grade 6 - 37.5% Grade 8 - 33.3% Grade 10 - 44.1% Grade 12 - 42.3%	Grade 6 - 25% Grade 8 - 25% Grade 10 - 30% Grade 12 - 30%	X		✓	✓	✓			✓	✓	
	SENSE OF BELONGING												
6.	Improve bonding and strong attachment to family. (Data for this objective are available for limited communities in the state, not a representative sample.)	1995 Grade 6 - 83% Grade 8 - 71% Grade 10 - 66% Grade 12 - 70%	Grade 6 - 90% Grade 8 - 80% Grade 10 - 75% Grade 12 - 75%	X		✓		✓		✓			
	SOCIAL INTEGRATION INTO COMMUNITY												
7.	Increase opportunities for pro-social involvement of youth in their community.	1998 Grade 6 - 42.4% Grade 8 - 56.5% Grade 10 - 48.9% Grade 12 - 47.1%	Grade 6 - 75% Grade 8 - 75% Grade 10 - 75% Grade 12 - 75%	X		✓	✓	✓		✓		✓	
8.	Increase rewards for pro-social involvement in the community.	1998 Grade 6 - 67.4% Grade 8 - 52.6% Grade 10 - 55.7% Grade 12 - 51.5%	Grade 6 - 75% Grade 8 - 75% Grade 10 - 75% Grade 12 - 75%	X		✓		✓		✓		✓	

Agency Acronyms: CTED – Community Trade and Economic Development • **GJJAC** – Governor's Juvenile Justice Advisory Committee • **DOH** – Department of Health • **LCB** – Liquor Control Board
DSHS – Department of Social and Health Services • **OSPI** – Office of the Superintendent of Public Instruction • **FPC** – Family Policy Council • **WTSC** – Washington Traffic Safety Commission

#	Desired Outcome Objectives	Baseline	Targeted State Benchmarks	Long-range	Short-range	CTED	DOH	DSHS	FPC	GJJAC	LCB	OSPI	WTSC
	LEARNING AND SKILL BUILDING												
9.	Improve academic achievement for all students.	2000 Grade 4 Grade 7 Grade 10	In development	X		✓						✓	
10.	Reduce the percentage of students at risk due to low commitment to school.	1998 Grade 6 - 35.2% Grade 8 - 39.4% Grade 10 - 42.5% Grade 12 - 47.3%	Grade 6 - 20% Grade 8 - 25% Grade 10 - 25% Grade 12 - 25%	X		✓		✓				✓	
11.	Reduce the number of truant students defined as students who have five unexcused absences in a month or ten unexcused absences in a year.	In development	In development	X						✓		✓	
12.	Increase high school completion rate.	In development	In development	X		✓						✓	
	HEALTH												
13.	Reduce the proportion of youth reporting use during the past 30 days of: • Alcoholic beverages	2000 Grade 6 - 6.6% Grade 8 - 22.3% Grade 10 - 37.6% Grade 12 - 46.8%	Grade 6 - 4% Grade 8 - 15% Grade 10 - 25% Grade 12 - 35%		X	✓	✓	✓			✓	✓	
	• Marijuana	2000 Grade 6 - 1.5% Grade 8 - 12% Grade 10 - 21.9% Grade 12 - 24.4%	Grade 6 - 0% Grade 8 - 5% Grade 10 - 10% Grade 12 - 10%		X	✓		✓					
	• Any illicit drug (includes marijuana)	2000 Grade 6 - 3% Grade 8 - 15.6% Grade 10 - 24.2% Grade 12 - 26.3%	Grade 6 - 0% Grade 8 - 5% Grade 10 - 10% Grade 12 - 10%		X	✓		✓					
	• Cigarettes	2000 Grade 6 - 4% Grade 8 - 12.5% Grade 10 - 19.8% Grade 12 - 27.6%	Grade 6 - 2% Grade 8 - 6% Grade 10 - 10% Grade 12 - 12%		X	✓	✓	✓			✓		
	• Smokeless tobacco	2000 Grade 6 - .8% Grade 8 - 2.1% Grade 10 - 4.6% Grade 12 - 8.8%	Grade 6 - 0% Grade 8 - 1% Grade 10 - 2% Grade 12 - 4%	X		✓	✓	✓			✓		

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#	Desired Outcome Objectives	Baseline	Targeted State Benchmarks	Long-range	Short-range	CTED	DOH	DSHS	FPC	GJJAC	LCB	OSPI	WTSC
	HEALTH (CONT.)												
14.	Reduce back to 1990 levels, the proportion of youth reporting binge drinking during the past two weeks	2000 Grade 6 - 4.7% Grade 8 - 14.9% Grade 10 - 23.2% Grade 12 - 31.8%	Grade 6 - 4% Grade 8 - 12% Grade 10 - 18% Grade 12 - 20%		X	✓		✓			✓		
15.	Reduce the proportion of (college age), 18- to 24-year-olds reporting sometime in their lives: • Binge drinking	1998 37%	25%										
	• Use of marijuana	18%	15%		X		✓	✓					
	• Use of any illicit drug	21%	17%										
	• Use of cigarettes	37%	25%										
16.	Increase abstinence by pregnant women: • Any use in the past month • Binge drinking • Illicit drugs • Cigarette smoking	In development	In development	X	X	✓	✓	✓					
17.	Increase the percentage of youth who perceive the harmfulness of: • Smoking one or more packs a day	2000 Grade 6 - 87.5% Grade 8 - 90.8% Grade 10 - 93.3% Grade 12 - 94.5%	Grade 6 - 100% Grade 8 - 100% Grade 10 - 100% Grade 12 - 100%	X		✓	✓	✓				✓	
	• Regular binge drinking	2000 Grade 6 - 69.4% Grade 8 - 71.8% Grade 10 - 76.8% Grade 12 - 73.7%	Grade 6 - 100% Grade 8 - 100% Grade 10 - 100% Grade 12 - 100%	X		✓		✓				✓	
	• Regular marijuana use	2000 Grade 6 - 83.3% Grade 8 - 84.6% Grade 10 - 81.3% Grade 12 - 79%	Grade 6 - 100% Grade 8 - 100% Grade 10 - 95% Grade 12 - 95%	X		✓		✓				✓	
18.	Increase the average age of first use of all substances to age 16: • Alcohol	1998 Age 14	Age 16	X		✓		✓					
	• Tobacco	Age 13	Age 16	X		✓	✓	✓					
	• Marijuana	Age 14	Age 16	X		✓		✓					

Agency Acronyms: CTED – Community Trade and Economic Development • **GJJAC** – Governor's Juvenile Justice Advisory Committee • **DOH** – Department of Health • **LCB** – Liquor Control Board
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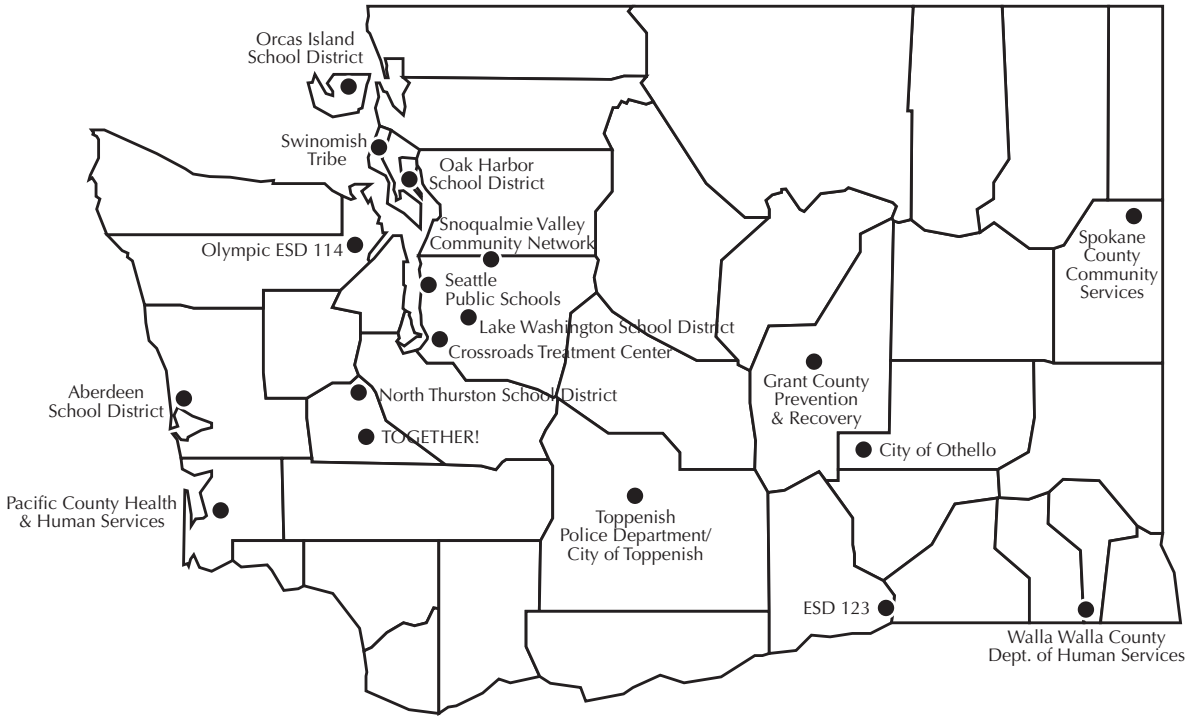
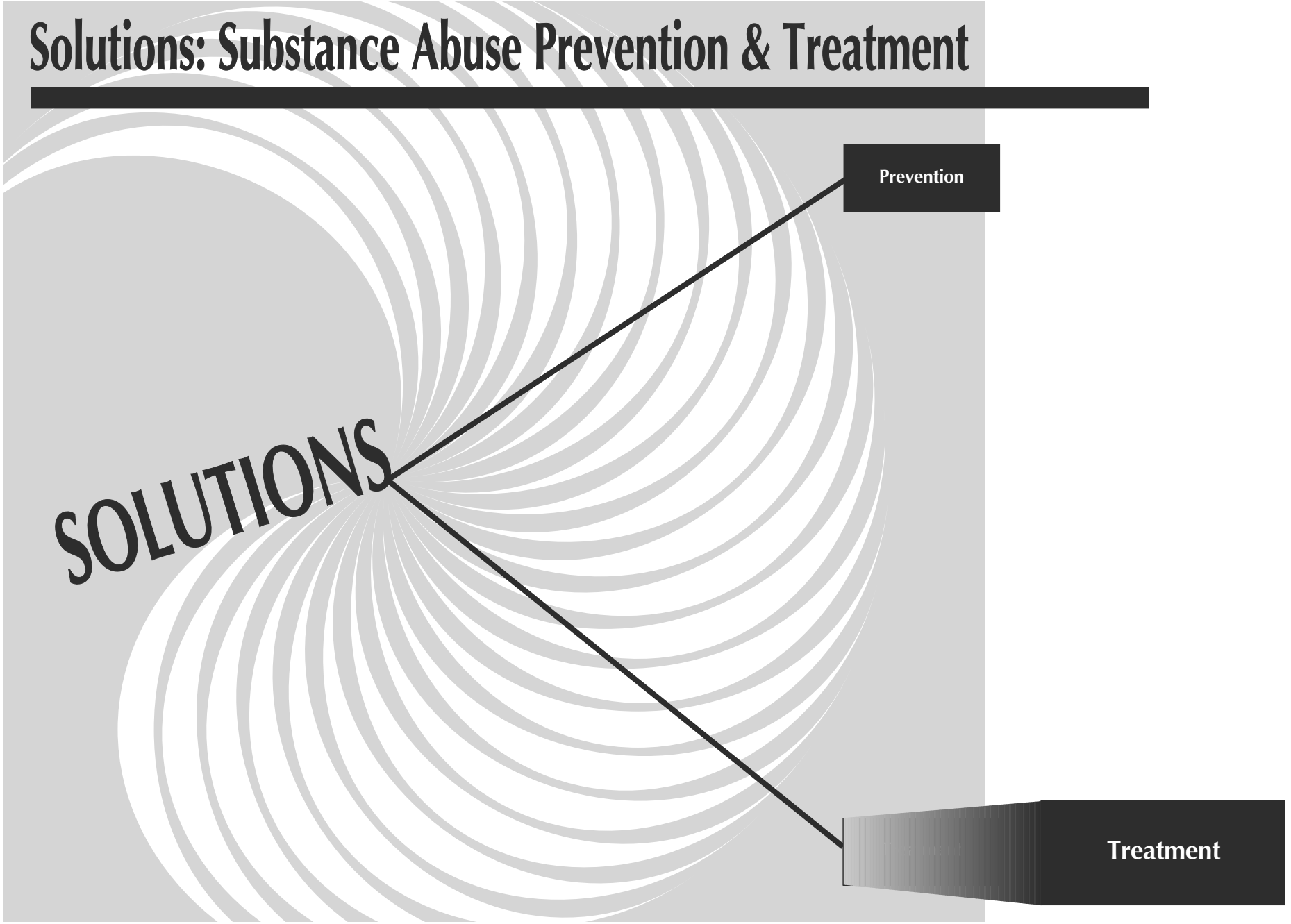
State Incentive Grant Community Projects

For the past three years, 18 community projects in 15 counties received State Incentive Grant (SIG) funding to implement comprehensive prevention services over the course of three years. These projects are implementing community prevention action plans that work to establish community partnerships; use a risk-and-protective factor framework; conduct collaborative assessments at the community level; select and implement activities that have been proven to reduce risk factors and increase protective factors; and participation in rigorous evaluation processes.

Through the process, the projects have established infrastructure to support and enhance science-based programs, and have reduced the number of programs not supported by science in half. Participating community projects include: Othello Prevention Collaboration, Finley School District and Community Prevention Project, Grant County SIG Prevention Project, Aberdeen FAST Program, Stanwood Camano Island Network & Oak Harbor Community SIG Project, King County Eastside Central Community, Jefferson County Prevention Project, Snoqualmie Valley Prevention Project (King County), Southeast Seattle SIG, Pacific County Kid Care, United Communities Coalition of Pierce County, Orcas Island Prevention Project, Spokane Eastside Central Neighborhood Project, Swinomish Tribal Community Project, The Bridge Project: A Substance and Drug Abuse Prevention Program (Thurston County), Kids' Place/Teen Zone (Thurston County), Connecting Kids to Themselves, Their Families, and Their Communities (Walla Walla County), and City of Toppenish Safe Haven.



Solutions: Substance Abuse Prevention & Treatment



Introduction

Individuals are eligible for DASA-funded services if they are low-income or indigent, and are assessed as chemically dependent. For persons applying for treatment under the Alcohol and Drug Addiction Treatment and Support Act (ADATSA), eligibility is further restricted to those who are unemployable as a result of their alcohol or other drug addiction. Treatment services are designed to maintain a cost-effective, quality continuum of care for rehabilitating alcoholics and drug addicts.

Contracted treatment services include:

- Diagnostic evaluation
- Alcohol/Drug detoxification
- Outpatient treatment
- Methadone treatment for drug addicts
- Intensive inpatient treatment
- Recovery house
- Long term residential care
- Involuntary treatment of alcoholics
- Youth residential treatment
- Youth outpatient treatment
- Residential treatment for pregnant and parenting women (with child care)
- Outpatient treatment for pregnant and parenting women (with child care)
- Treatment for co-occurring disorders

Specialized contracted support services for eligible individuals include:

- Child care
- Translation services (including interpreters for persons who are deaf or hard of hearing)
- Transportation assistance
- Youth services case management
- Youth outreach
- Cooperative housing (Oxford House) support

State and federal funding requirements give priority for treatment and intervention services to the following:

- Pregnant and postpartum women and families with children
- Families receiving Temporary Assistance for Needy Families (TANF)
- Child Protective Services referrals
- Youth
- Injection drug users (IDUs)
- People with HIV/AIDS

DASA Treatment Philosophy for Alcohol, Tobacco, and Other Drug Addiction

DASA's program of substance abuse services is based on knowledge gained from medical research that alcoholism and addiction to other drugs is a progressive disease. Research and evaluation studies cited throughout this report indicate that long periods of sobriety, abstinence, and/or reduced drug use result from effective intervention and treatment. Research also demonstrates that treatment results in a marked reduction in negative consequences for the addicts, their families, friends, and society at large, as measured by domestic violence, disrupted families, employment histories, and public costs for law enforcement and the courts, welfare dependence, medical and hospital costs, and admissions to psychiatric hospitals.[1] As alcoholism and addiction are chronic, relapsing disorders, continued treatment and support services will be required after any initial course of treatment.

Alcohol, tobacco, or other drug addiction is an individual, family, worksite, and community affliction. These addictions negatively impact all sectors of society regardless of age, education, race/ethnicity, gender, occupation, or socio-economic status. Therefore, it is critical that all citizens – especially teachers, employers, parents, and youth – understand the illness is treatable and the channels for getting a person into private or public treatment agencies. DASA's philosophy recognizes the importance of ensuring all treatment agencies meet established standards for providing services. Treatment must be tailored to the specific needs of each individual, and a continuum of treatment services is essential for matching clients with the optimal types and sequences of treatments. It is also important that specialized treatment services by available for populations with special needs and circumstances, such as adolescents, pregnant and parenting women (and their children), members of minority populations, and those with disabilities.

DASA recognizes that substance abuse treatment cannot occur in isolation from law enforcement and public safety, educational institutions, and social, health, and economic services. It is essential that substance abuse treatment have linkages with all segments of society that are important to recovery and rehabilitation.

A key aspect of DASA's philosophy is recognizing the generational loop of addiction. It is important to break the generational cycle of addiction by promoting alcohol, tobacco, and other drug prevention programs, enrolling children of addicts in appropriate prevention activities, and providing early intervention services when needed.

[1]See, for example: Wickizer, T., and Longhi, D. (1997). Economic benefits and costs associated with substance abuse treatment provided to indigent clients through the Washington State's Alcoholism and Drug Addiction Treatment and Support Act (ADATSA). Olympia, WA: Washington State Department of Social and Health Service, Division of Alcohol and Substance Abuse. See also: Schrager, L. Joyce, J., and Cawthon, L., (1995). Substance abuse, treatment, and birth outcomes for pregnant and postpartum women in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Planning, Research & Development and Office of Research & Data Analysis.

Current Need for Treatment

Defining Current Need for Treatment

Based on a 1999 study conducted by the Department of Social and Health Services, Research and Data Analysis[1] and subsequently updated with current population projections, 418,567 adults (age 18 and older) living in households in Washington State were estimated to be in need of substance abuse treatment in 2001. This represents 9.9% of the population of adults living in households. (The definition of need is provided on the following page.) Treatment need for adolescents (ages 12-17) living in households is estimated at 8.7%.

The largest number of adults in need of treatment experienced an alcohol-related disorder. Among adults, 6.8% (275,906) experienced an alcohol use disorder in the past 18 months, while 1.6% (67,915) experienced a drug use disorder during the same period.

Use rates among adults living in households for individual substances were as follows:

	Lifetime Use	Past 12-Month Use	Past 30-Day Use
Alcohol	92.3%	71.6%*	55.6%
Any Illicit Drug	40.2%	9.8%	4.9%
Marijuana	38.6%	9.0%	4.7%
Stimulants**	16.3%	1.9%	0.8%
Cocaine	12.5%	1.6%	0.5%

*past 18-month use measure utilized for alcohol only
***Includes amphetamine, methamphetamine, and other stimulants.*

[1] Holzer, C., Kabel, J., and Nordlund, D. (1999). Profile of substance use and need for treatment services in Washington State. Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Research and Data Analysis.

Current Need for Treatment Among Population Subgroups in Washington State

Current estimated need for treatment varies across population subgroups:

- Compared with the overall treatment need rate of 9.9% of adults living in households, some subgroups have lower estimated rates of treatment need. These include: those ages 45-64 (4.9%) and 65+ (2.0%); females (6.3%); Blacks (7.5%), Asian-Pacific Islanders (2.0%), and Hispanics (7.5%); those who are married (6.0%); and non-high school graduates (9.3%).
- Other subgroups have higher estimated need for treatment. These include: those ages 18-24 (24.7%) and 25-44 (12.4%); males (13.5%); Native Americans (American Indians or Alaskan Natives) (17.4%); and those never married (22.0%).

Significantly, need for substance abuse treatment is not highly correlated with income. Compared with need for treatment among all adult household residents (9.9%), 11.1% of adults in households with incomes at or below 200% of the federal poverty line had a current need for substance abuse treatment in 2001.

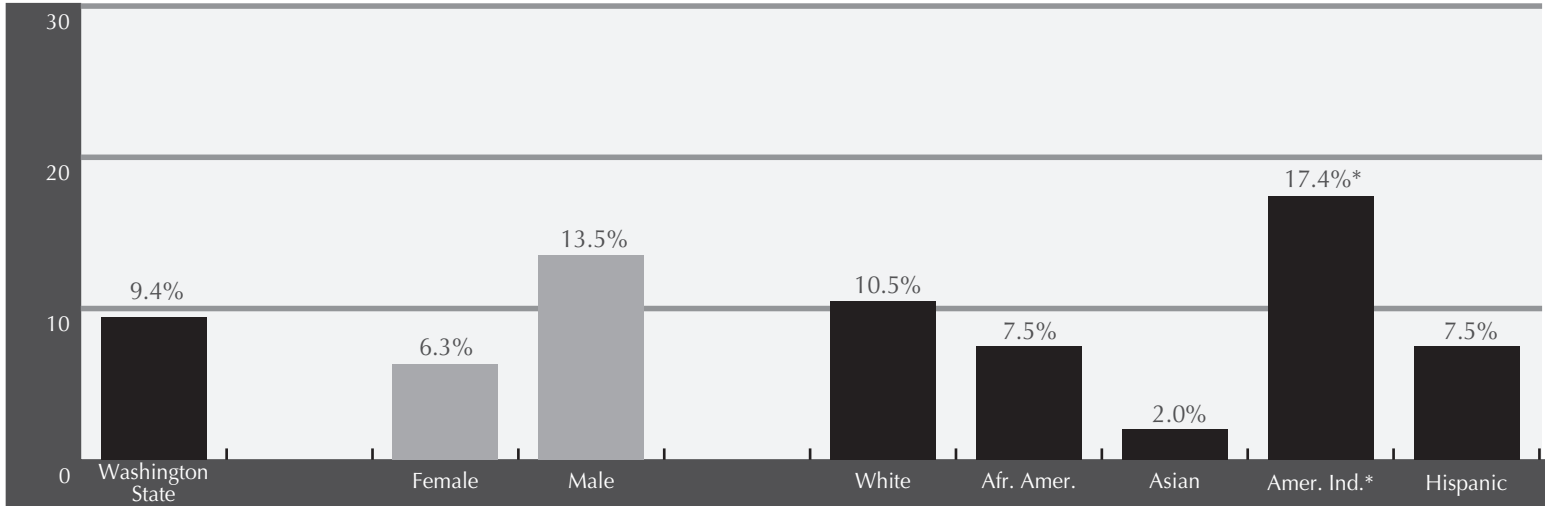
Those defined as currently in need of treatment met one of the following four conditions:

1. Individuals who had a substance use disorder in the past 18 months.
2. Individuals who did not meet the first condition but who reported that they have "had a problem or felt addicted to alcohol or drugs" AND reported drinking or using "regularly" during the past 18 months. "Regular" use means drinking 3 or more drinks per drinking day at least 1 or 2 times a week, OR using marijuana 50 times or more, OR using any other illicit drug 10 times or more.
3. Individuals who did not meet the first two conditions but received licensed residential or outpatient treatment services (excluding detoxification or assessment) during the past 12 months.
4. Individuals who did not meet the first three conditions but used drugs or alcohol "heavily" during the past 18 months. "Heavy" use means drinking an average of 4 drinks per drinking day at least 3 to 4 times per week OR using any illicit drug 50 times during the past 18 months.

Persons Who are Female, Asian, or Hispanic Have LOWER Rates of Current Need for Substance Abuse Treatment. People Who are Male or American Indians* Have HIGHER Rates of Current Treatment Need.

Current Need for Treatment

Percent of Adults in Households



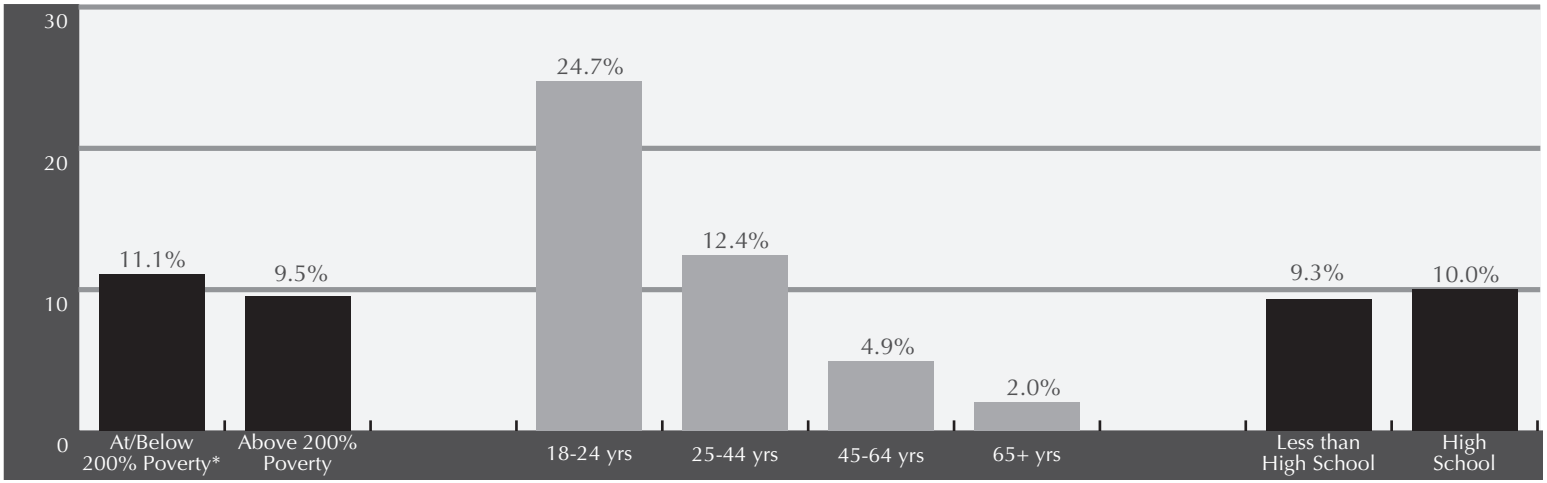
Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Research and Data Analysis, Profile of Substance Use and Need for Treatment Services in Washington State (1999); estimates updated for 2001.

*American Indian includes Alaskan Natives.
Note: for definition of Current Need for Treatment see page 154.

Persons Who are Age 45 and Older Have LOWER Rates of Current Need for Substance Abuse Treatment.

Current Need for Treatment

Percent of Adults in Household



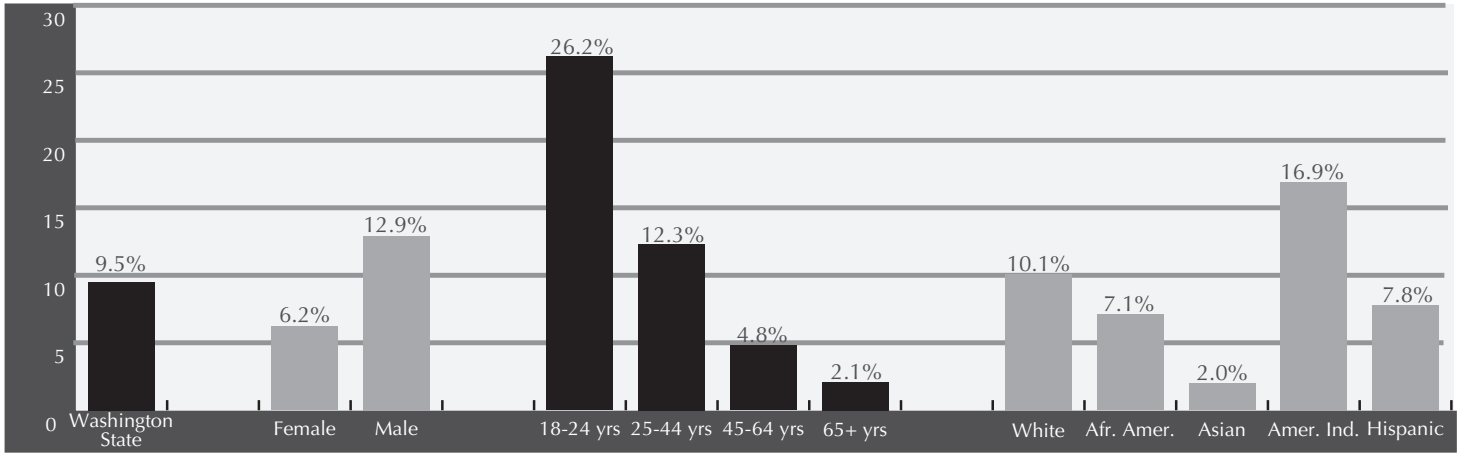
Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Research and Data Analysis, Profile of Substance Use and Need for Treatment Services in Washington State (1999); estimates updated for 2001.

*At/Below 200% of the Federal Poverty Level.
Note: for definition of Current Need for Treatment see page 154.

Adults With Incomes At/Below 200% of the Federal Poverty Level are Slightly More Likely to Have a Current Need for Treatment Than Those With Incomes Above 200% of the Federal Poverty Level.

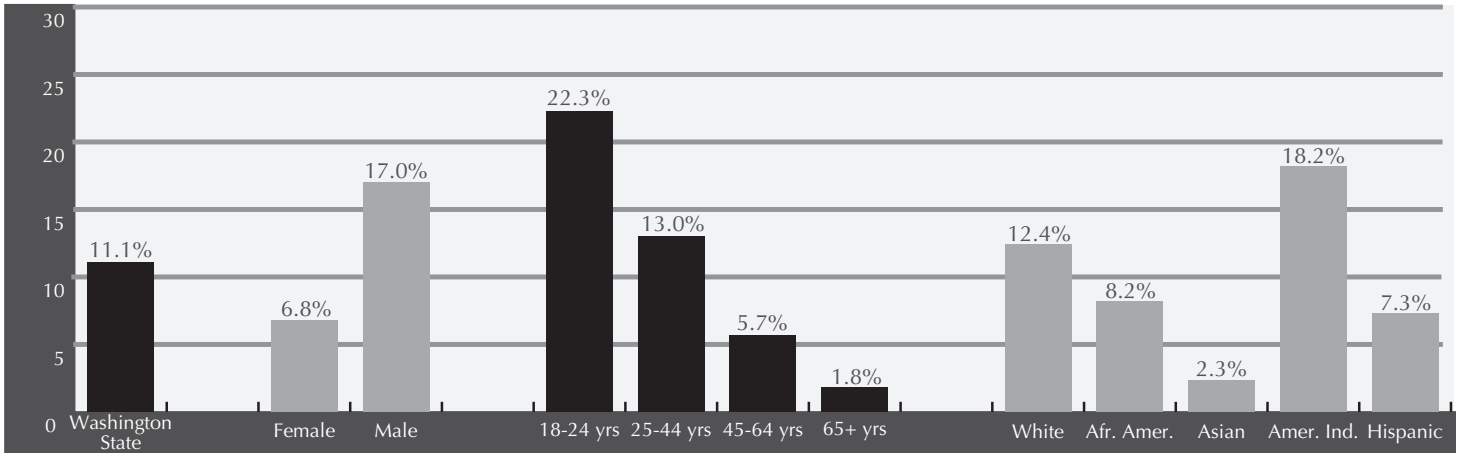
Current Need for Treatment for Adults ABOVE 200% of the Federal Poverty Level

Percent of Adults in Households



Current Need for Treatment for Adults AT OR BELOW 200% of the Federal Poverty Level

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Research and Data Analysis, Profile of Substance Use and Need for Treatment Services in Washington State (1999); estimates updated for 2001.

*American Indian includes Alaskan Natives.
Note: for definition of Current Need for Treatment see page 154.

Computing the DASA Treatment Gap

The Treatment Gap rate is a measure over a given period of time of those who qualify – both clinically and financially -- for DASA-funded treatment services but who, because of the limits of available funding, do not receive it. To compute the treatment gap, an estimate is established of all those at or below 200% of the Federal Poverty Level (FPL) and in need of treatment. Those who are enrolled in the subsidized portion of the Washington Basic Health Plan (BHP) are subtracted from this number. Those receiving BHP with public subsidies would be expected to access chemical dependency treatment services without additional use of DASA funds.

The following equation is then used to compute the DASA Treatment Gap =

$$\textbf{DASA Treatment Gap Rate} = \frac{\text{\# of county residents qualifying for and requiring DASA-funded treatment minus those receiving it}}{\text{\# of county residents qualifying for and requiring DASA-funded treatment}} \times 100$$

The statewide treatment gap is computed by aggregating the county number and using the same formula. Counts of persons receiving DASA-funded treatment were drawn from DASA's TARGET management information service. These counts represent cases that were open in SFY 2001. Individuals must have received at least one residential or outpatient service during this period. Persons receiving more than one treatment service are only counted once.

Only those living in household are included. Those residing in institutions or group care settings are excluded from both the numerator and the denominator.* Results by county and statewide are displayed on the following page.

**For a fuller discussion of the methodology used to determine the treatment gap rate, contact the Office of Planning, Policy, and Legislative Relations, Division of Alcohol and Substance. Address and phone number are found on the back cover.*

The Treatment Gap

SFY 2001 Treatment Gap Rates in Washington State

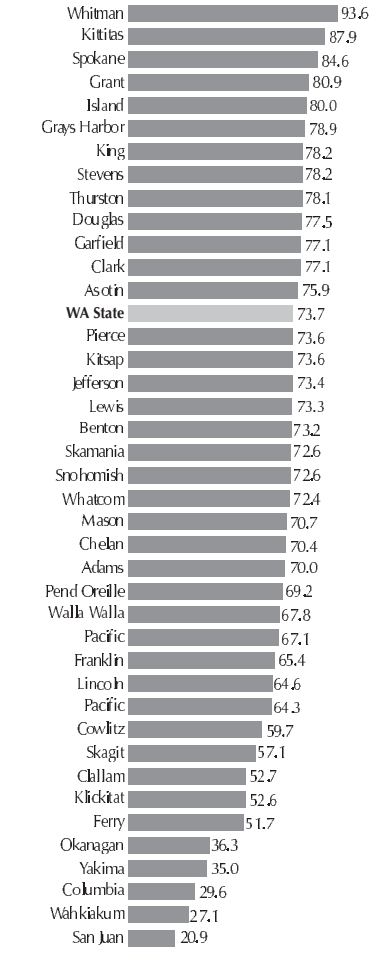
Target Population	Needing & Eligible for DASA-Funded Treatment	Received Treatment with DASA-Funded Support	Number of Eligible Individuals Unserved	Treatment Gap Rate (Unserved Need)
Adults w/children < 18	43,858	10,453	33,405	76.2%
Adults w/o children under 18	52,745	14,942	37,805	71.7%
ALL ADULTS 18 AND OLDER	**96,603**	**25,395**	**71,208**	**73.7%**
ADOLESCENTS (AGES 12 - 17)	**23,554**	**6,098**	**17,456**	**74.1%**
TOTAL	**120,157**	**31,493**	**88,664**	**73.8%**

Excludes detox and transitional housing, private-pay patients, and Department of Corrections.

For information on how the treatment gap was calculated, contact the Office of Planning, Policy and Legislative Relations, Divistion of Alcohol and Substance Abuse (address and phone are to be found on the back cover.)

The Treatment Gap: Statewide, in SFY 2001, 73.7% of Adults in Households Who Qualified for and were in Need of DASA-Funded Treatment Did Not Receive It.

County	Number of Adults <200% FPL & eligible for DASA Services	Percent of Adults <200% FPL & in need of Treatment	Number of Adults <200% FPL Receiving Treatment	Number of Adults Not Receiving Treatment	Treatment Gap
Adams	2,923	7.76%	68	159	70.0%
Asotin	4,136	11.56%	115	363	75.9%
Benton	22,865	10.69%	655	1,789	73.2%
Chelan	14,112	9.76%	407	970	70.4%
Clallam	12,055	9.78%	558	621	52.7%
Clark	46,824	11.11%	1,135	3,798	77.1%
Columbia	858	8.32%	50	21	29.6%
Cowlitz	17,399	10.46%	734	1,086	59.7%
Douglas	6,480	8.64%	126	434	77.5%
Ferry	1,679	12.46%	101	108	51.7%
Franklin	12,760	7.45%	329	622	65.4%
Garfield	342	10.30%	8	27	77.1%
Grant	18,965	8.90%	323	1,365	80.9%
Grays Harbor	15,156	11.39%	364	1,362	78.9%
Island	10,814	11.49%	249	994	80.0%
Jefferson	5,326	10.86%	154	424	73.4%
King	193,820	11.60%	4,893	17,590	78.2%
Kitsap	30,154	11.31%	900	2,510	73.6%
Kittitas	7,664	16.76%	156	1,128	87.9%
Klickitat	4,318	9.47%	194	215	52.6%
Lewis	14,404	10.12%	390	1,068	73.3%
Lincoln	1,542	10.63%	58	106	64.6%
Mason	8,840	10.56%	274	660	70.7%
Okanogan	9,623	10.03%	615	350	36.3%
Pacific	5,011	8.51%	140	286	67.1%
Pend Oreille	2,604	9.97%	80	180	69.2%
Pierce	107,796	10.57%	3,011	8,383	73.6%
San Juan	1,196	10.70%	102	27	20.9%
Skagit	14,201	9.68%	590	785	57.1%
Skamania	2,033	9.37%	52	138	72.6%
Snohomish	61,608	11.33%	1,910	5,070	72.6%
Spokane	80,367	12.80%	1,585	8,702	84.6%
Stevens	7,533	11.04%	181	651	78.2%
Thurston	30,454	11.51%	769	2,736	78.1%
Wahkiakum	641	9.16%	43	16	27.1%
Walla Walla	9,066	11.05%	323	679	67.8%
Whatcom	26,069	14.18%	1,022	2,675	72.4%
Whitman	9,006	19.92%	114	1,680	93.6%
Yakima	48,090	8.37%	2,617	1,408	35.0%
Total	**868,734**	**11.12%**	**25,395**	**71,207**	**73.7%**



For information regarding how these numbers were ascertained, contact the Office of Planning, Policy, and Legislative Relations, Division of Alcohol and Substance Abuse (address and phone are to be found on back cover).

Estimates of Substance Use and Treatment Need in Washington State, 2001

	Entire Adult Population		Adult Household Residents		Adults In Household At or Below 200% of Poverty	
NEED FOR TREATMENT	Number	%	Number	%	Number	%
Current Need for Substance Treatment	450,306	10.4	418,567	9.9	111,003	11.1
ALCOHOL OR DRUG DISORDER						
Lifetime Alcohol or Drug Use Disorder	643,533	14.9	611,238	14.4	154,663	15.5
Past 18-Month Alcohol or Drug Use Disorder	335,150	7.7	309,363	7.3	79,366	8.0
ALCOHOL DISORDER						
Lifetime Alcohol Use Disorder	535,370	12.3	505,120	11.9	116,746	11.7
Past 18-Month Alcohol Use Disorder	309,035	7.1	288,640	6.8	67,852	6.8
DRUG DISORDER						
Lifetime Drug Use Disorder	217,630	5.0	203,746	4.8	67,852	6.8
Past 18-Month Drug Use Disorder	78,347	1.8	67,915	1.6	26,941	2.7
ALCOHOL USE						
Lifetime Use of Alcohol	4,021,809	92.4	3,917,863	92,3	865,116	86.7
Past 18-Month Use of Alcohol	3,125,172	71.8	3,039,208	71.6	574,748	57.6
Past 30-Day Use of Alcohol	2,433,107	55.9	2,360,056	55.6	422,080	42.3
USE OF ANY DRUG						
Lifetime Use of Any Illicit Drug	1,767,158	40.6	1,697,882	40.0	384,163	38.5
Past 12-Month Use of Any Illicit Drug	448,318	10.3	415,981	9.8	110,758	11.1
Past 30-Day Use of Any Illicit Drug	226,336	5.2	207,991	4.9	66,854	6.7
MARIJUANA USE						
Lifetime Use of Marijuana	1,697,517	39.0	1,638,456	38.6	363,209	36.4
Past 12-Month Use of Marijuana	413,498	9.5	382,023	9.0	98,785	9.9
Past 30-Day use of Marijuana	217,630	5.0	199,501	4.7	59,870	6.0
STIMULANT USE						
Lifetime Use of Stimulants	731,238	16.8	691,887	16.3	198,568	19.9
Past 12-Month Use of Stimulants	87,052	2.0	80,649	1.9	29,935	3.0
Past 30-Day Use of Stimulants	39,173	0.9	33,958	0.8	89,304	0.9
COCAINE USE						
Lifetime Use of Cocaine	561,486	12.9	530,588	12.5	126,724	12.7
Past 12-Month Use of Cocaine	73,994	1.7	67.915	1.6	25,943	2.6
Past 30-Day Use of Cocaine	26,116	0.6	21,224	0.5	6,985	0.7

Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Profile of Substance Use and Need for Treatment Services in Washington State (1999), estimates updated for 2001.

Estimates of Current Need for Substance Abuse Treatment in Washington State, 2001

	Entire Adult Population*			Adult Household Residents			Adults In Household at or below 200% Poverty		
GROUP	**Population**	**# Needing Treatment**	**% Needing Treatment**	**Population**	**# Needing Treatment**	**% Needing Treatment**	**Population**	**# Needing Treatment**	**% Needing Treatment**
Total	4,352,607	450,306	10.4	4,244,705	418,567	9.9	997,827	111,003	11.1
AGE									
01-17	Not Available			Not Availalbe			Not Available		
18-24	558,466	142,163	25.5	515,778	127,187	24.7	192,463	42,820	22.3
25-44	1,729,025	223,250	12.9	1,702,251	210,629	12.4	401,844	52,196	13.0
45-64	1,395,659	70,244	5.0	1,387,291	67,737	4.9	222,993	12,657	5.7
65+	669,457	14,650	2.2	639,385	13,014	2.0	180,527	3,330	1.8
SEX									
Male	2,146,223	309,270	14.4	2,080,698	281,682	13.5	425.910	72,180	17.0
Female	2,206,384	141,037	6.4	2,164,007	136,884	6.3	571,917	38,824	6.8
ETHNICITY									
White	3,688,907	403,324	10.9	3,04,589	377,981	10.5	753,352	93,416	12.4
Black-NH	131,030	12,249	9.4	121,570	9,076	7.5	41,807	3,422	8.2
Asian	242,922	5,179	2.1	238,381	4,888	2.1	69,923	1,627	2.3
Amer. Indian**	58,581	10,733	18.3	56,912	9,925	17.4	26,210	4,770	18.2
Hispanic	231,167	18,822	8.1	223,252	16,697	7.5	106,534	7,769	7.3
MARITAL									
Married	2,655,793	161,962	6.1	2,640,993	159,364	6.0	418,428	29,330	7.0
Div/Sep/Wid	857.042	94,250	11.0	823,543	87,676	10.7	315,506	28,407	9.0
Never Mar	839,772	194,094	23.1	780,169	171,527	22.0	263,893	53,266	20.2
EDUCATION									
Not HS Grad	791,081	77,157	9.8	762,501	70,897	9.3	328,954	19,657	6.0
HS Graduate	3,561,526	373,149	10.5	3,482,204	347,670	10.0	668,872	91,346	13.7
POVERTY									
Below 200%	1,101,288	141,581	12.9	997,827	111,003	11.1	997,827	111,003	11.1
Above 200%	3,251,319	308,725	9.5	3,246,878	307,563	9.5	-	-	-
RESIDENCE									
Residential	4,244,705	418,567	9.9	4,244,705	418,567	9.7	997,827	111,003	11.1
Institutional	51,321	17,706	34.5	-	-	-	-	-	-
Group quarters	56,581	14,033	24.8	-	-	-	-	-	-

*Includes institutions and group quarters

**American Indian includes Alaskan Native.

Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Profile of Substance Use and Need for Treatment Services in Washington State (1999), estimates updated for 2001.

Treatment Admission Trends

Modality categories are defined as follows:

Detoxification

Detoxification is a short-term residential service for individuals withdrawing from the effects of excessive or prolonged alcohol or drug abuse. Services continue only until the person recovers from the transitory effects of acute intoxication. Detoxification always includes supervision and may include counseling and/or medical care and use of pharmacological agents. Some counties provide detoxification in specialized freestanding facilities; in other counties, detoxification is provided in community hospitals.

Intensive Inpatient

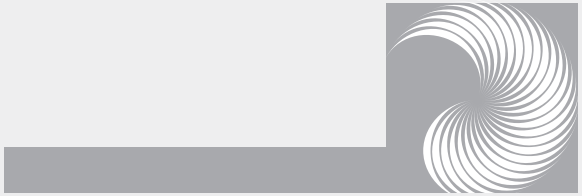
Intensive inpatient treatment is a highly structured program for chemically dependent persons in a residential setting. Services emphasize alcohol and drug education and individual and group therapy. The length of stay in intensive inpatient treatment for adults is based on American Society for Addiction Medicine (ASAM) criteria.

Recovery House

Recovery houses provide social, recreational, and occupational therapy as well as treatment in a drug/alcohol-free residential setting. The program emphasizes helping patients re-enter the community and the outpatient phase of treatment.

Long-Term Residential

Long-term residential treatment is a specialized program for chemically dependent persons who require periods of treatment in excess of 90 days. It includes domiciliary care, counseling, and other therapies to patients who resides at the treatment facility.



Other Residential

This category includes transitional housing, residential treatment for co-occurring chemical dependency and mental health disorders, and on-site group care enhancement services for youth.

Transitional housing provides pregnant and parenting women who have completed chemical dependency treatment with up to 18 months of housing. In conjunction with the housing component, women receive case management services that monitor participation in off-site treatment, prepare clients for self-sufficiency, and link women and their children to other needed services.

Co-occurring disorders programs are provided in residential chemical dependency treatment facilities. Utilizing a group care enhancement model, mental health professionals at the facilities provide assessment, education, in-service training for staff, and linkages to mental health providers in the community.

Through group care enhancement contracts, adolescent chemical dependency treatment providers are able to deliver on-site services to children residing in Department of Social Services children's residential facilities. These include select group homes operated by the Division of Children and Family Services, the Mental Health Division, and the Juvenile Rehabilitation Administration. Providers are able to provide individual drug and alcohol assessments; individual, group, and family treatment; prevention and education groups; training of residential agency staff; case planning and consultation, and linkages to other community alcohol and drug services.

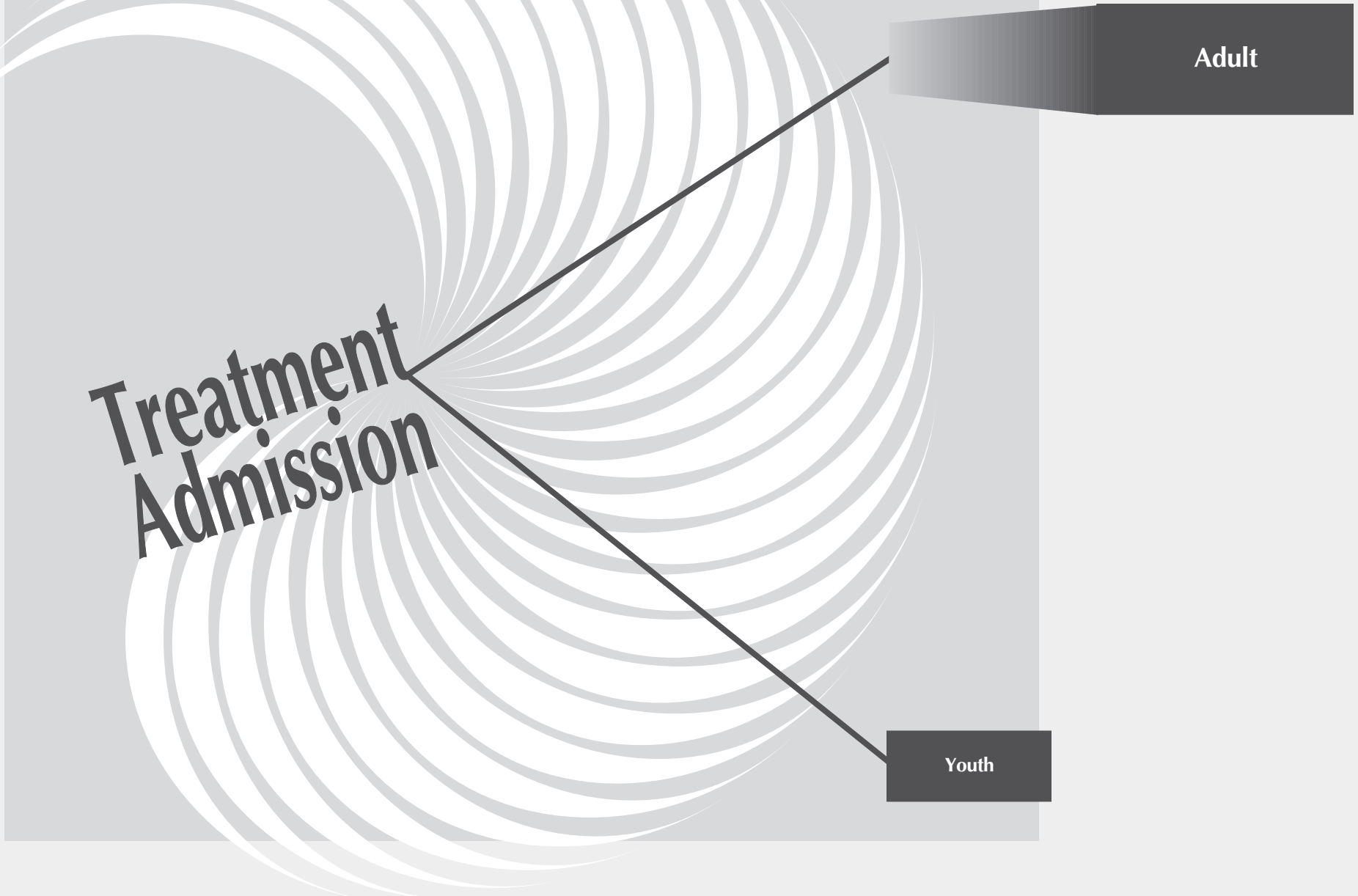
Outpatient and Intensive Outpatient Treatment

Outpatient treatment services consist of a variety of diagnostic and treatment services provided according to a prescribed treatment plan in a non-residential setting. Outpatient treatment provided for indigent patients under the Alcohol and Drug Addiction Treatment and Support Act (ADATSA) includes vocational counseling and other efforts to help patients regain employment.

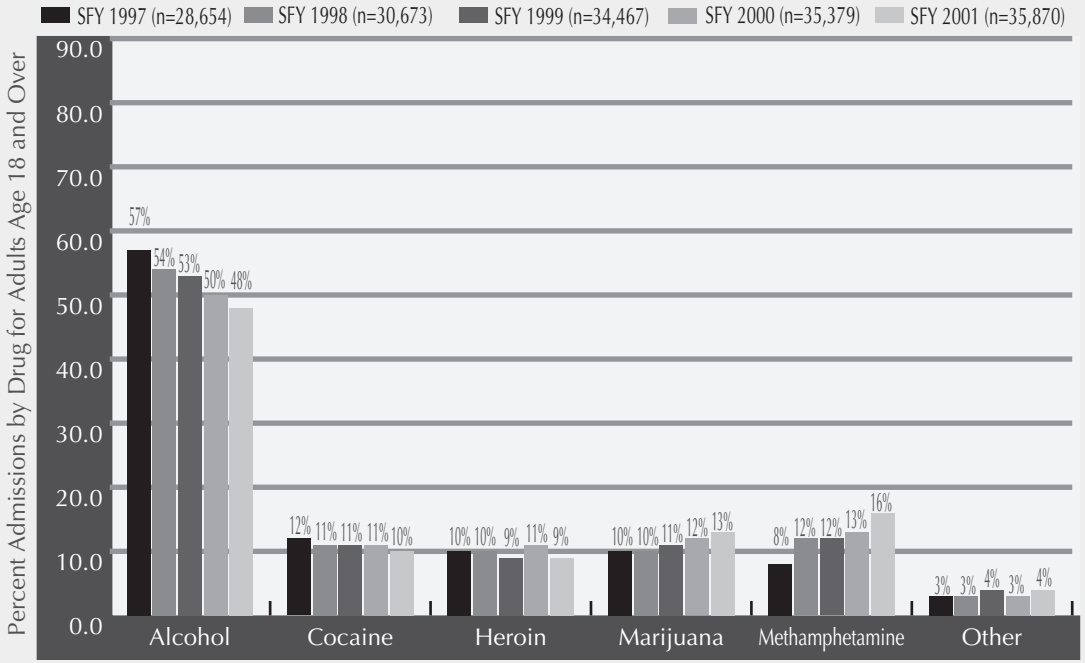
Opiate Substitution Treatment

Opiate substitution treatment is an outpatient service for individuals addicted to heroin or other opiates. State-funded and accredited opiate substitution treatment agencies provide counseling and daily or near-daily administration of methadone or other approved substitute drugs.

Treatment Admission Trends



Alcohol is Cited as the Primary Drug of Abuse in the Plurality of Adult Admissions to DASA-Funded Treatment.*



Source: Treatment and Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse.

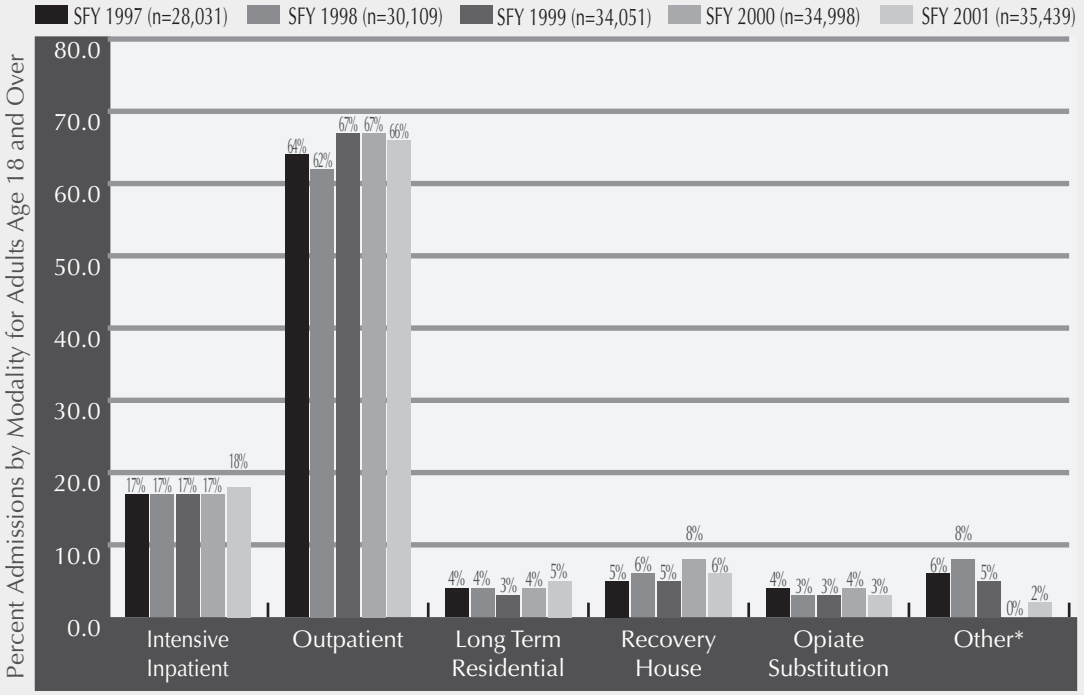
This graph indicates that in SFY 2001, alcohol was the primary drug of abuse for a plurality of adult admissions to DASA-funded treatment. However, while the number of alcohol-related admissions remained stable between SFY 1997 (16,419) and SFY 2001 (17,129), alcohol-related admissions as a percentage of total admissions has now dropped below 50% for the first time in ten years.

Overall adult admissions to treatment have risen 25.2% in the past five years. Admissions for methamphetamine have more than doubled, from 2,334 is SFY 1997 to 5,907 in SFY 2001. It should be noted than many methamphetamine users are poly-drug abusers. Marijuana-related admissions have risen 75.1% in the past five years.

Note: These may include some multiple admissions for a single individual over the course of a year.

** excludes detoxification and transitional housing*

About Two-Thirds of Adult Admissions to DASA-Funded Chemical Dependency Treatment are for Outpatient Services.



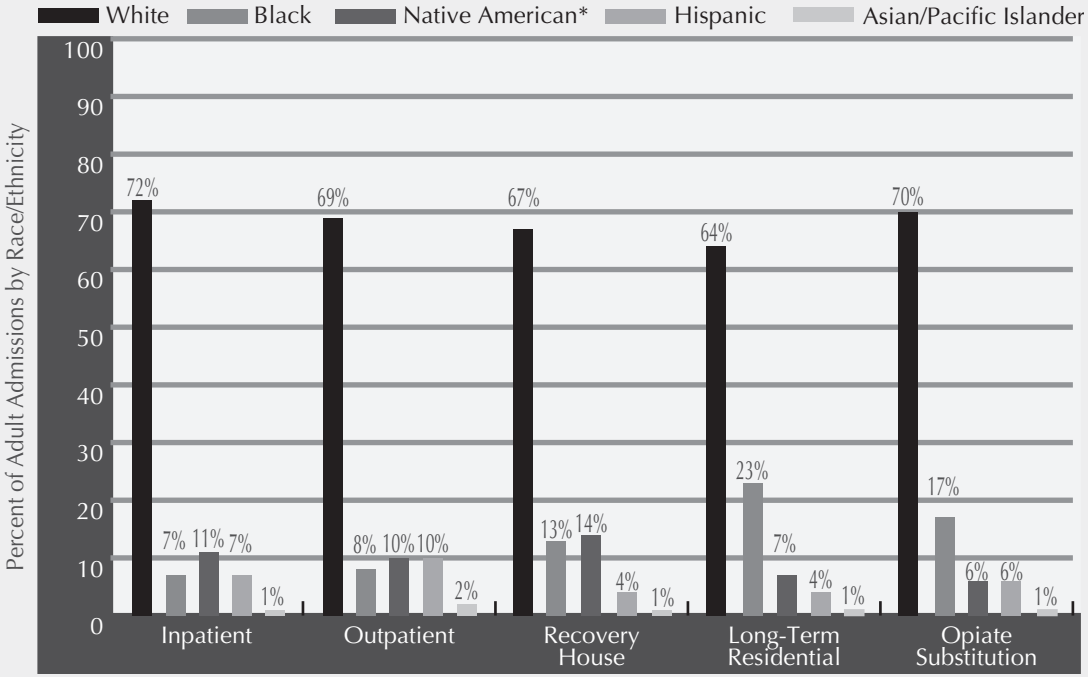
Source: Treatment and Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse.

This graph indicates that almost two-thirds of adult admissions to DASA-funded chemical dependency treatment are for outpatient services (including intensive outpatient treatment.) The number of admissions for intensive inpatient treatment has risen by 19.7% since SFY 1997, representing an overall increase in treatment admissions.

Note: This data may include multiple admissions for the same individual over the course of the year.

**"Other" includes group care enhancements and treatment services for those with co-occurring disorders. Prior to 2000, "Other" included "Extended Care", a modality that has now been phased out.*

In SFY 2001, Racial and Ethnic Minorities Comprised Between 28-36% of Adult Admissions to DASA-Funded Chemical Dependency Treatment Services.



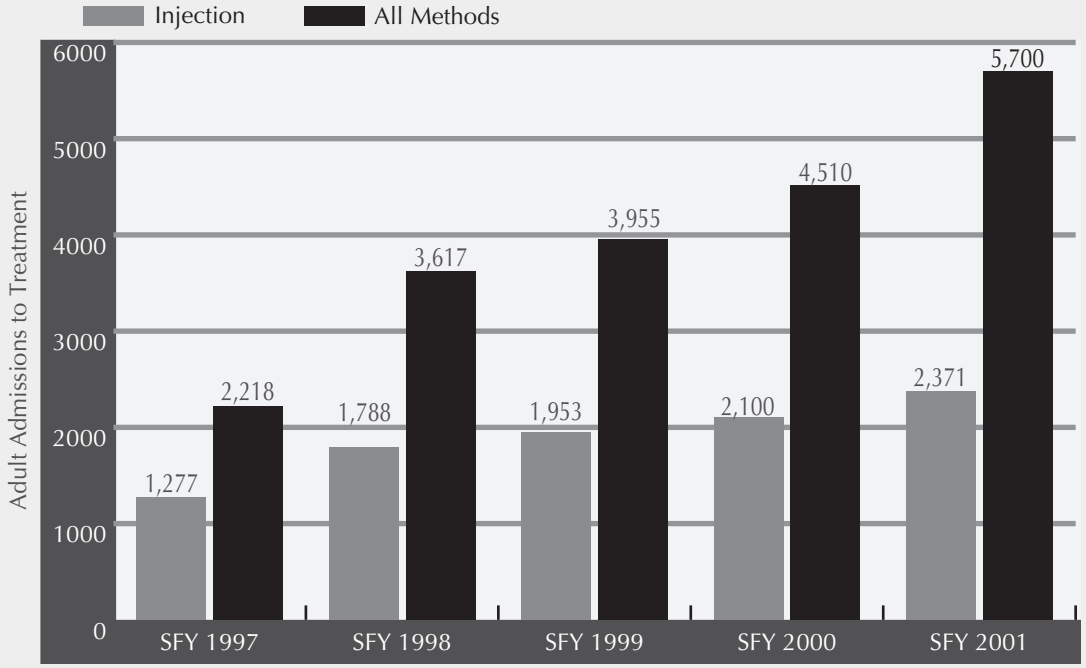
Other races/ethnicities comprise approximately 1% in each modality.

Treatment Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse.

This graph indicates that racial/ethnic minorities comprised between 28-36% of adult admissions to DASA-funded chemical dependency treatment services. Percentages of adults from different minority groups receiving DASA-funded treatment vary across modalities.

**Includes Eskimo/Alaskan Native/Aleut*

DASA-Funded Adult Treatment Admissions for Methamphetamine Use Have More than Doubled in the Past Five Years.

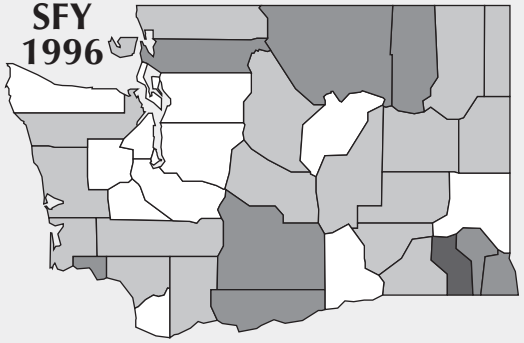


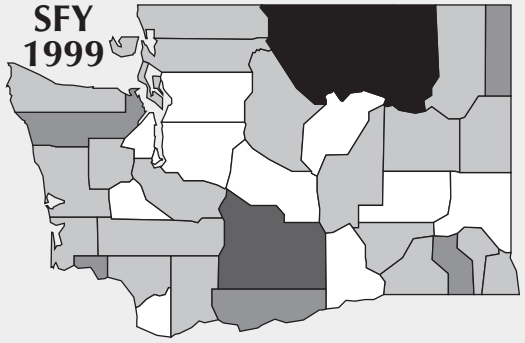
Treatment and Assessment Report Generation Tool (TARGET), Washington State Department of Social and Health Services.

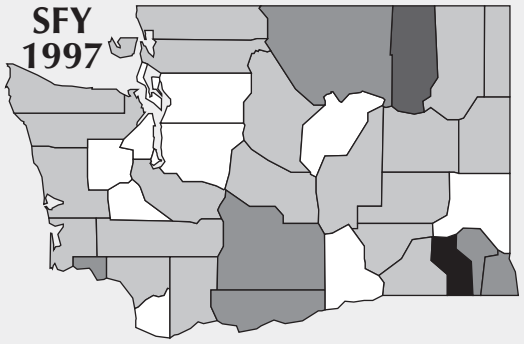
This graph indicates that there has been a significant upward trend in DASA-funded treatment admissions for methamphetamine use over the past five years. While the number of admissions reflecting injection use of methamphetamine has also risen substantially, the percentage reporting injection use has declined from 57.6% in SFY 1997, to 41.6% in 2001. Injection drug use is closely associated with transmission of HIV and hepatitis B and C.

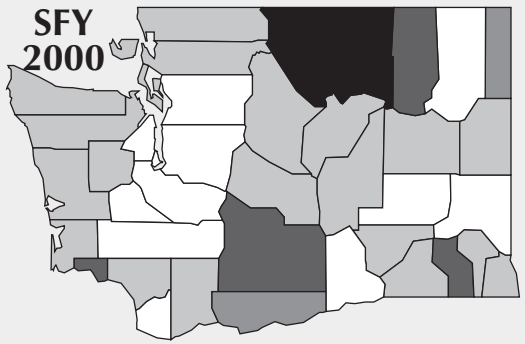
Note: Excludes detoxification and transitional housing, private-pay and Department of Corrections admissions. Includes total unduplicated admissions within counties.

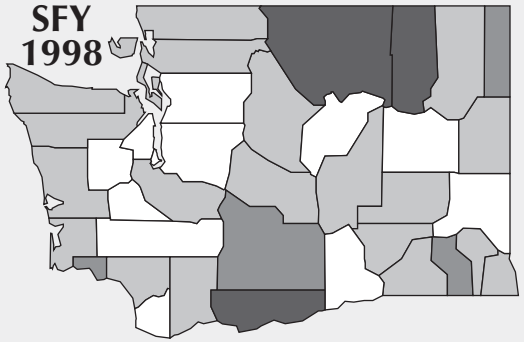
Washington State Adult Treatment Admissions for Alcohol Per 100,000 in Population

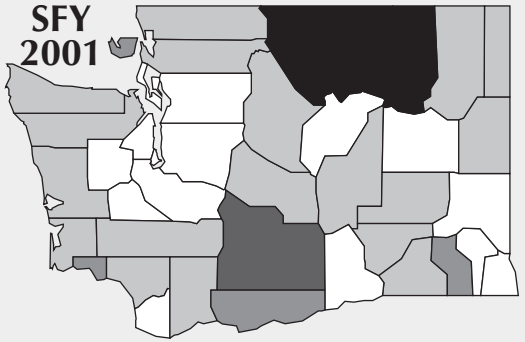


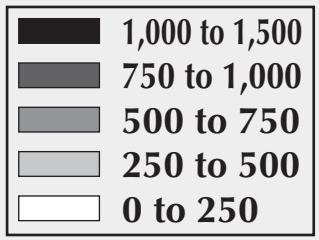












Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

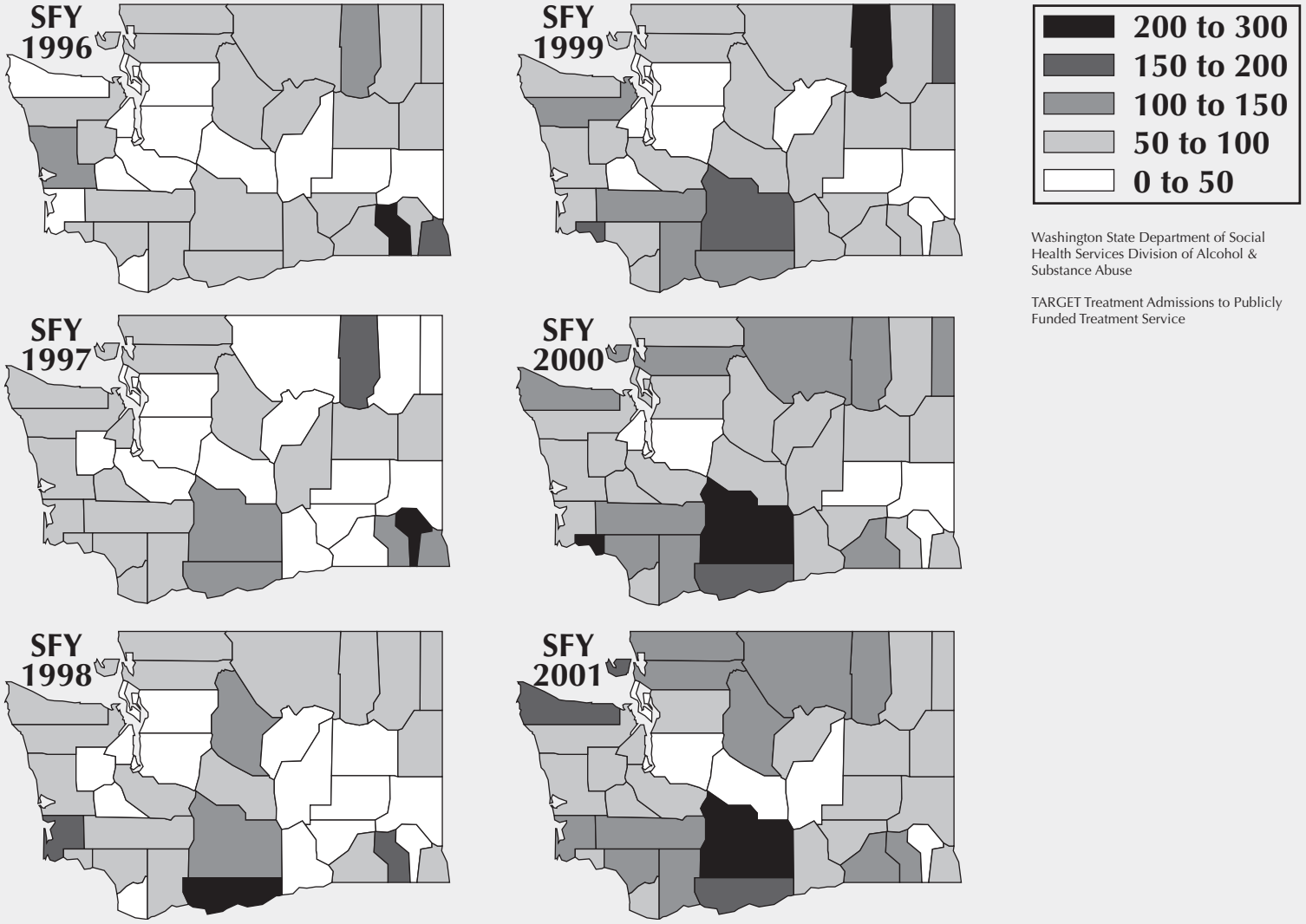
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Adult Treatment Admissions* Primary Drug = Alcohol

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	55	350.9	51	319.0	41	254.8	39	240.9	30	182.6	43	259.0
Asotin	119	593.4	116	572.2	72	346.4	64	310.5	63	306.6	49	236.7
Benton	270	202.6	249	182.4	261	189.3	322	229.3	300	210.6	309	213.4
Chelan	289	445.3	295	447.4	282	424.6	279	417.0	310	465.4	259	386.0
Clallam	121	194.1	226	359.4	257	405.1	261	405.5	268	415.3	319	492.3
Clark	684	224.7	700	220.6	704	214.8	600	177.7	629	182.2	718	203.6
Columbia	41	859.2	56	1,237.0	27	602.1	32	749.1	32	787.4	24	585.4
Cowlitz	287	318.7	334	368.1	270	294.7	366	394.8	425	457.2	440	468.6
Douglas	71	232.5	61	195.2	62	193.5	71	218.3	85	260.7	74	225.6
Ferry	45	631.1	70	982.2	62	880.4	100	1,375.3	69	950.4	79	1,082.2
Franklin	171	368.8	182	385.5	177	370.7	174	360.2	171	346.5	178	353.2
Garfield	15	693.2	14	621.7	8	351.0	9	376.9	7	292.0	1	41.7
Grant	272	395.5	244	346.4	251	347.3	186	252.9	205	274.4	209	275.4
Grays Harbor	194	284.6	276	404.8	267	395.0	274	406.8	237	352.7	217	316.8
Island	135	199.0	167	242.1	185	265.8	197	279.4	207	289.3	151	208.6
Jefferson	94	384.7	102	406.1	86	337.9	143	557.2	87	335.2	80	306.5
King	3714	223.8	3413	203.2	3664	215.3	4238	246.4	3929	226.2	3351	190.6
Kitsap	416	186.3	519	227.5	346	150.5	395	172.1	373	160.8	374	160.2
Kittitas	113	354.6	86	266.0	95	294.0	85	246.1	98	293.7	113	332.4
Klickitat	97	529.7	111	595.9	160	867.0	101	537.4	135	704.6	113	585.5
Lewis	172	259.5	208	308.8	155	228.2	183	267.0	149	217.2	168	241.7
Lincoln	27	281.3	26	263.1	24	238.1	29	285.9	46	451.7	29	284.3
Mason	88	189.3	78	165.0	98	204.5	149	307.1	182	368.4	122	246.0
Okanogan	278	709.5	281	697.7	377	956.2	496	1,258.0	452	1,142.5	457	1,151.1
Pacific	68	325.8	86	413.2	72	344.0	57	271.7	75	357.4	62	295.2
Pend Oreille	51	426.5	50	423.2	64	540.2	80	686.5	81	690.4	58	491.5
Pierce	1643	249.7	1781	266.6	1869	274.7	1940	280.5	1495	213.3	1457	204.2
San Juan	58	460.6	44	340.9	51	385.2	51	363.8	53	376.5	74	513.9
Skagit	534	556.5	453	463.0	479	479.7	470	460.5	460	446.7	484	464.9
Skamania	34	364.1	35	366.1	32	334.7	29	302.6	33	334.3	30	303.0
Snohomish	1117	207.0	1183	212.4	1168	202.7	1437	242.9	1491	246.0	1477	238.8
Spokane	1148	282.4	1196	292.0	1083	261.9	1138	273.1	1214	290.5	1317	311.8
Stevens	117	320.5	109	289.8	114	299.0	118	304.4	97	242.1	112	277.9
Thurston	443	226.8	439	220.5	384	189.7	353	171.7	410	197.7	392	186.5
Wahkiakum	23	607.8	26	669.6	22	566.3	23	593.5	36	941.4	25	657.9
Walla Walla	198	359.7	165	298.7	169	304.4	184	333.9	171	309.9	184	333.3
Whatcom	579	378.0	684	434.4	703	438.8	777	473.0	782	468.8	815	477.7
Whitman	48	118.3	31	76.0	62	151.0	68	165.1	79	193.9	71	176.2
Yakima	1337	599.0	1340	598.4	1521	682.6	1998	893.6	1904	855.4	1959	872.6
Total	15,166	272.4	15,487	273.4	15,724	273.5	17,516	300.4	16,870	286.2	16,394	274.4

* Excludes detox, transitional housing, private pay & Department of Corrections. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Adult Treatment Admissions for Marijuana Per 100,000 in Population



Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

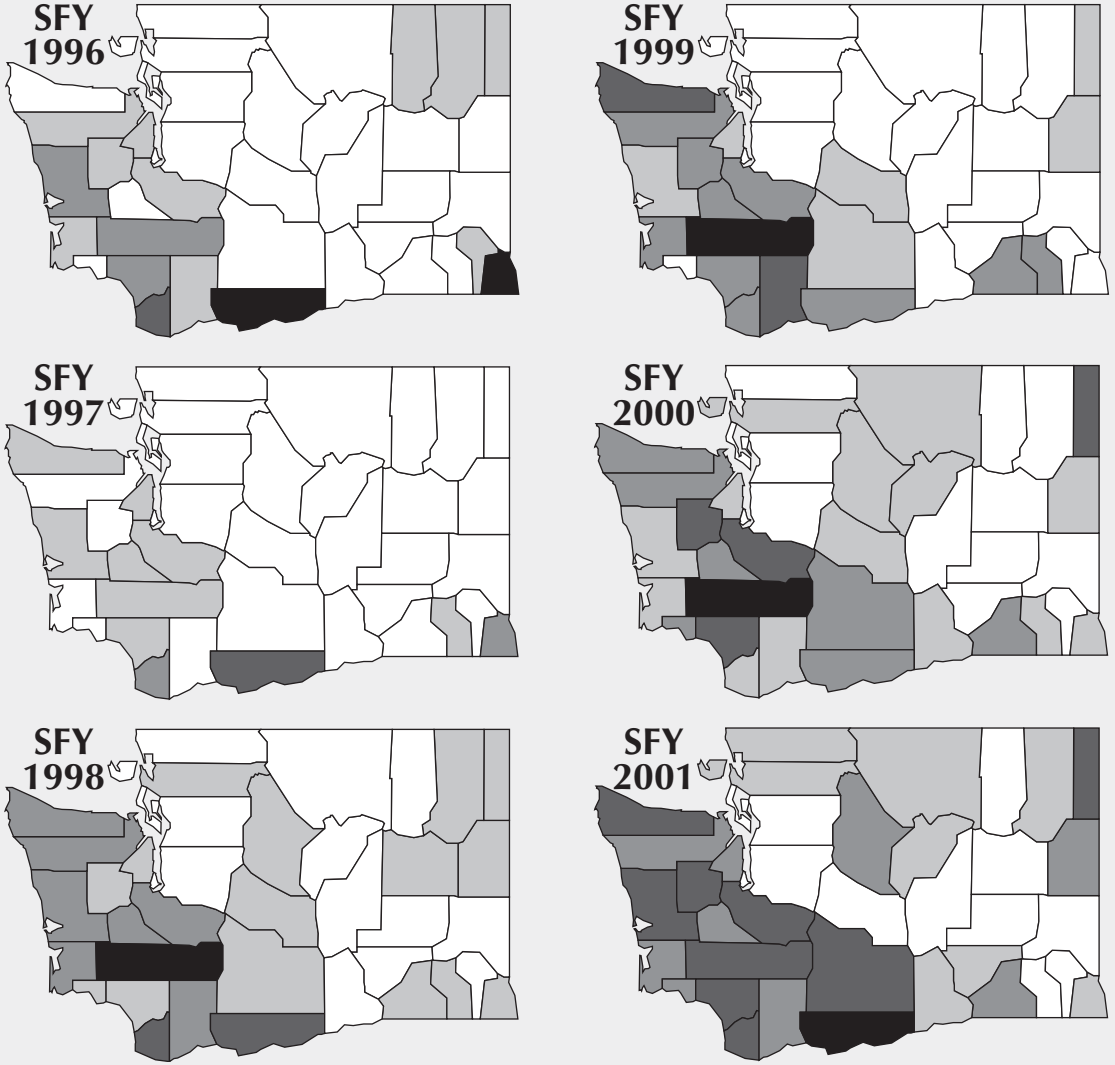
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Adult Treatment Admissions* Primary Drug = Marijuana

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	6	38.3	4	25.0	2	12.4	1	6.2	2	12.2	9	54.2
Asotin	34	169.6	26	128.2	15	72.2	12	58.2	13	63.3	14	67.6
Benton	69	51.8	58	42.5	66	47.9	93	66.2	86	60.4	121	83.6
Chelan	51	78.6	47	71.3	69	103.9	62	92.7	50	75.1	77	114.8
Clallam	15	24.1	34	54.1	52	82.0	73	113.4	91	141.0	125	192.9
Clark	125	41.1	162	51.1	155	47.3	210	62.2	194	56.2	307	87.1
Columbia	11	230.5	5	110.4	7	156.1	3	70.2	4	98.4	5	122.0
Cowlitz	64	71.1	75	82.7	72	78.6	67	72.3	106	114.0	100	106.5
Douglas	17	55.7	11	35.2	7	21.8	14	43.0	18	55.2	17	51.8
Ferry	10	140.3	13	182.4	7	99.4	16	220.1	9	124.0	9	123.3
Franklin	29	62.6	23	48.7	18	37.7	32	66.2	26	52.7	31	61.5
Garfield	2	92.4	5	222.0	0	0.0	0	0.0	0	0.0	1	41.7
Grant	27	39.3	42	59.6	33	45.7	38	51.7	42	56.2	28	36.9
Grays Harbor	71	104.2	61	89.5	53	78.4	56	83.1	47	69.9	51	74.5
Island	20	29.5	23	33.3	25	35.9	28	39.7	49	68.5	28	38.7
Jefferson	15	61.4	18	71.7	27	106.1	27	105.2	22	84.8	26	99.6
King	430	25.9	388	23.1	492	28.9	644	37.4	741	42.7	761	43.3
Kitsap	78	34.9	121	53.0	90	39.2	105	45.7	92	39.7	129	55.3
Kittitas	8	25.1	16	49.5	23	71.2	18	52.1	27	80.9	16	47.1
Klickitat	17	92.8	21	112.7	39	211.3	27	143.7	30	156.6	35	181.3
Lewis	34	51.3	42	62.4	40	58.9	74	108.0	76	110.8	72	103.6
Lincoln	7	72.9	7	70.8	5	49.6	6	59.1	6	58.9	7	68.6
Mason	28	60.2	20	42.3	15	31.3	26	53.6	46	93.1	45	90.7
Okanogan	32	81.7	19	47.2	24	60.9	25	63.4	45	113.7	51	128.5
Pacific	6	28.7	12	57.7	33	157.7	20	95.3	19	90.5	25	119.0
Pend Oreille	9	75.3	5	42.3	11	92.8	21	180.2	17	144.9	9	76.3
Pierce	267	40.6	331	49.5	424	62.3	546	79.0	578	82.5	591	82.8
San Juan	7	55.6	10	77.5	10	75.5	8	57.1	15	106.6	26	180.6
Skagit	70	72.9	72	73.6	74	74.1	100	98.0	119	115.6	128	123.0
Skamania	6	64.3	11	115.1	8	83.7	11	114.8	12	121.6	12	121.2
Snohomish	103	19.1	165	29.6	200	34.7	258	43.6	383	63.2	387	62.6
Spokane	245	60.3	261	63.7	230	55.6	308	73.9	373	89.2	397	94.0
Stevens	25	68.5	12	31.9	31	81.3	26	67.1	30	74.9	30	74.4
Thurston	96	49.1	121	60.8	75	37.1	92	44.8	135	65.1	138	65.7
Wahkiakum	2	52.9	3	77.3	3	77.2	7	180.6	8	209.2	3	78.9
Walla Walla	40	72.7	27	48.9	36	64.8	41	74.4	60	108.7	72	130.4
Whatcom	86	56.1	80	50.8	99	61.8	123	74.9	116	69.5	177	103.8
Whitman	14	34.5	18	44.1	11	26.8	9	21.8	14	34.4	25	62.0
Yakima	199	89.2	233	104.1	326	146.3	446	199.5	497	223.3	562	250.3
Total	2,375	42.7	2,602	45.9	2,907	50.6	3,673	63.0	4,198	71.2	4,647	77.8

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Adult Treatment Admissions for Methamphetamine Per 100,000 in Population



Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

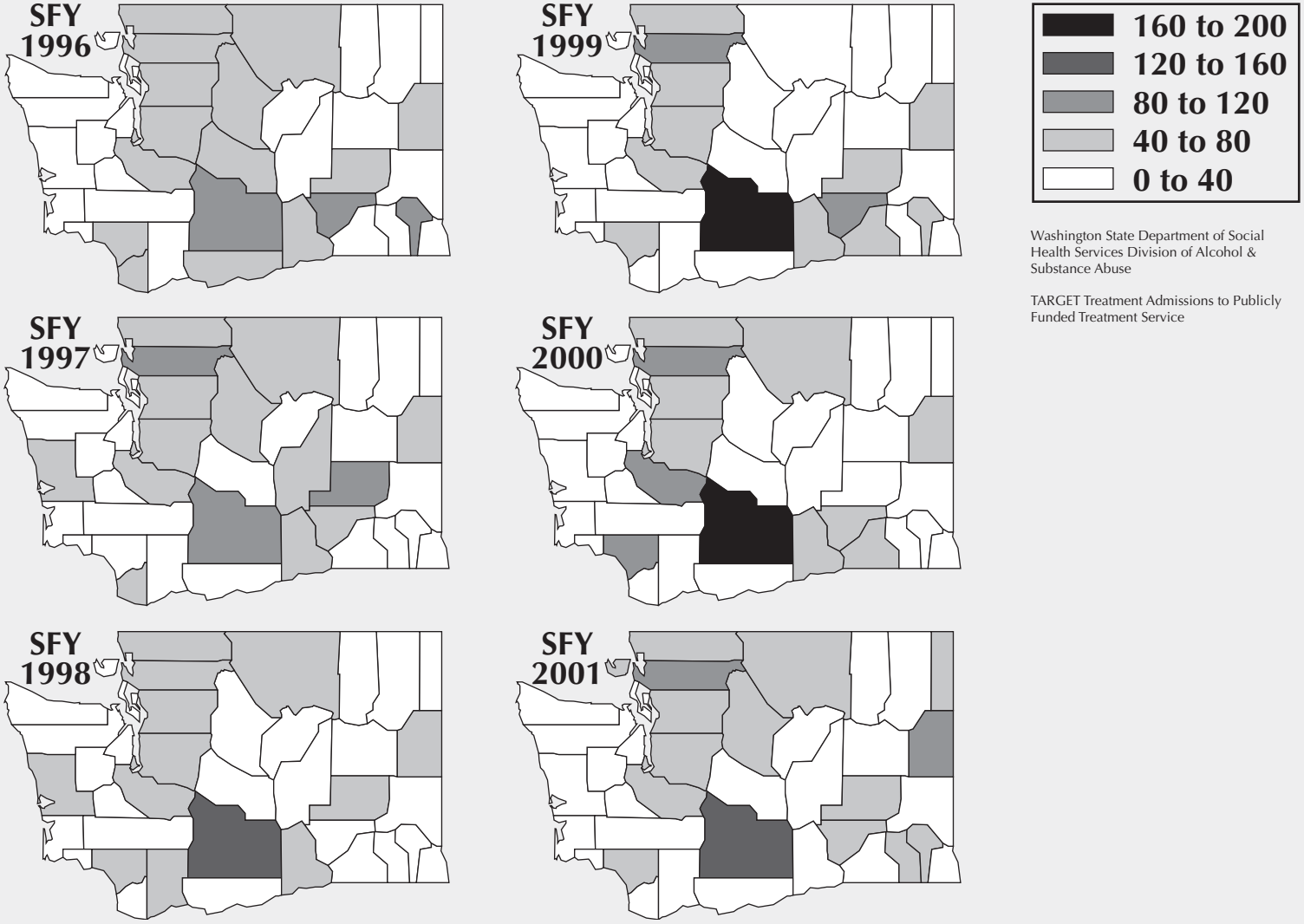
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Adult Treatment Admissions* Primary Drug = Methamphetamine

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	0	0.0	1	6.3	4	24.9	1	6.2	3	18.3	0	0.0
Asotin	45	224.4	21	103.6	17	81.8	10	48.5	16	77.9	20	96.6
Benton	57	42.8	61	44.7	55	39.9	69	49.1	87	61.1	131	90.5
Chelan	19	29.3	18	27.3	35	52.7	20	29.9	44	66.1	75	111.8
Clallam	30	48.1	48	76.3	72	113.5	100	155.4	91	141.0	105	162.0
Clark	460	151.1	356	112.2	546	166.6	478	141.6	493	142.8	679	192.6
Columbia	2	41.9	4	88.4	3	66.9	5	117.0	3	73.8	2	48.8
Cowlitz	105	116.6	73	80.5	71	77.5	130	140.2	169	181.8	181	192.8
Douglas	10	32.8	4	12.8	13	40.6	13	40.0	22	67.5	22	67.1
Ferry	4	56.1	3	42.1	0	0.0	0	0.0	0	0.0	3	41.1
Franklin	16	34.5	13	27.5	9	18.8	23	47.6	18	36.5	36	71.4
Garfield	2	92.4	0	0.0	0	0.0	1	41.9	0	0.0	0	0.0
Grant	9	13.1	16	22.7	14	19.4	11	15.0	12	16.1	22	29.0
Grays Harbor	78	114.4	59	86.5	86	127.2	56	83.1	59	87.8	105	153.3
Island	5	7.4	3	4.3	16	23.0	13	18.4	20	27.9	34	47.0
Jefferson	21	85.9	7	27.9	31	121.8	38	148.1	32	123.3	32	122.6
King	251	15.1	234	13.9	363	21.3	397	23.1	454	26.1	580	33.0
Kitsap	132	59.1	141	61.8	196	85.3	178	77.5	206	88.8	271	116.1
Kittitas	9	28.2	12	37.1	23	71.2	21	60.8	30	89.9	14	41.2
Klickitat	42	229.4	36	193.3	32	173.4	24	127.7	21	109.6	48	248.7
Lewis	81	122.2	65	96.5	137	201.7	168	245.1	152	221.6	118	169.8
Lincoln	0	0.0	2	20.2	6	59.5	1	9.9	3	29.5	2	19.6
Mason	24	51.6	20	42.3	31	64.7	55	113.4	75	151.8	88	177.4
Okanogan	7	17.9	2	5.0	11	27.9	12	30.4	20	50.6	24	60.5
Pacific	12	57.5	4	19.2	22	105.1	22	104.9	11	52.4	26	123.8
Pend Oreille	7	58.5	1	8.5	10	84.4	8	68.6	22	187.5	19	161.0
Pierce	488	74.2	472	70.6	798	117.3	969	140.1	1108	158.1	1272	178.3
San Juan	0	0.0	4	31.0	4	30.2	4	28.5	8	56.8	8	55.6
Skagit	15	15.6	26	26.6	64	64.1	41	40.2	72	69.9	99	95.1
Skamania	9	96.4	4	41.8	13	136.0	16	166.9	8	81.0	11	111.1
Snohomish	70	13.0	106	19.0	181	31.4	212	35.8	244	40.3	279	45.1
Spokane	195	48.0	170	41.5	227	54.9	294	70.6	372	89.0	522	123.6
Stevens	19	52.1	14	37.2	21	55.1	19	49.0	19	47.4	23	57.1
Thurston	80	40.9	110	55.3	245	121.1	209	101.7	222	107.1	265	126.1
Wahkiakum	1	26.4	0	0.0	3	77.2	1	25.8	5	130.8	5	131.6
Walla Walla	27	49.0	24	43.4	55	99.1	60	108.9	68	123.2	59	106.9
Whatcom	14	9.1	24	15.2	30	18.7	50	30.4	74	44.4	92	53.9
Whitman	2	4.9	5	12.3	8	19.5	7	17.0	6	14.7	10	24.8
Yakima	91	40.8	55	24.6	165	74.0	219	97.9	241	108.3	418	186.2
Total	2,439	43.8	2,218	39.2	3,617	62.9	3,955	67.8	4,510	76.5	5,700	95.4

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Adult Treatment Admissions for Cocaine Per 100,000 in Population



Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

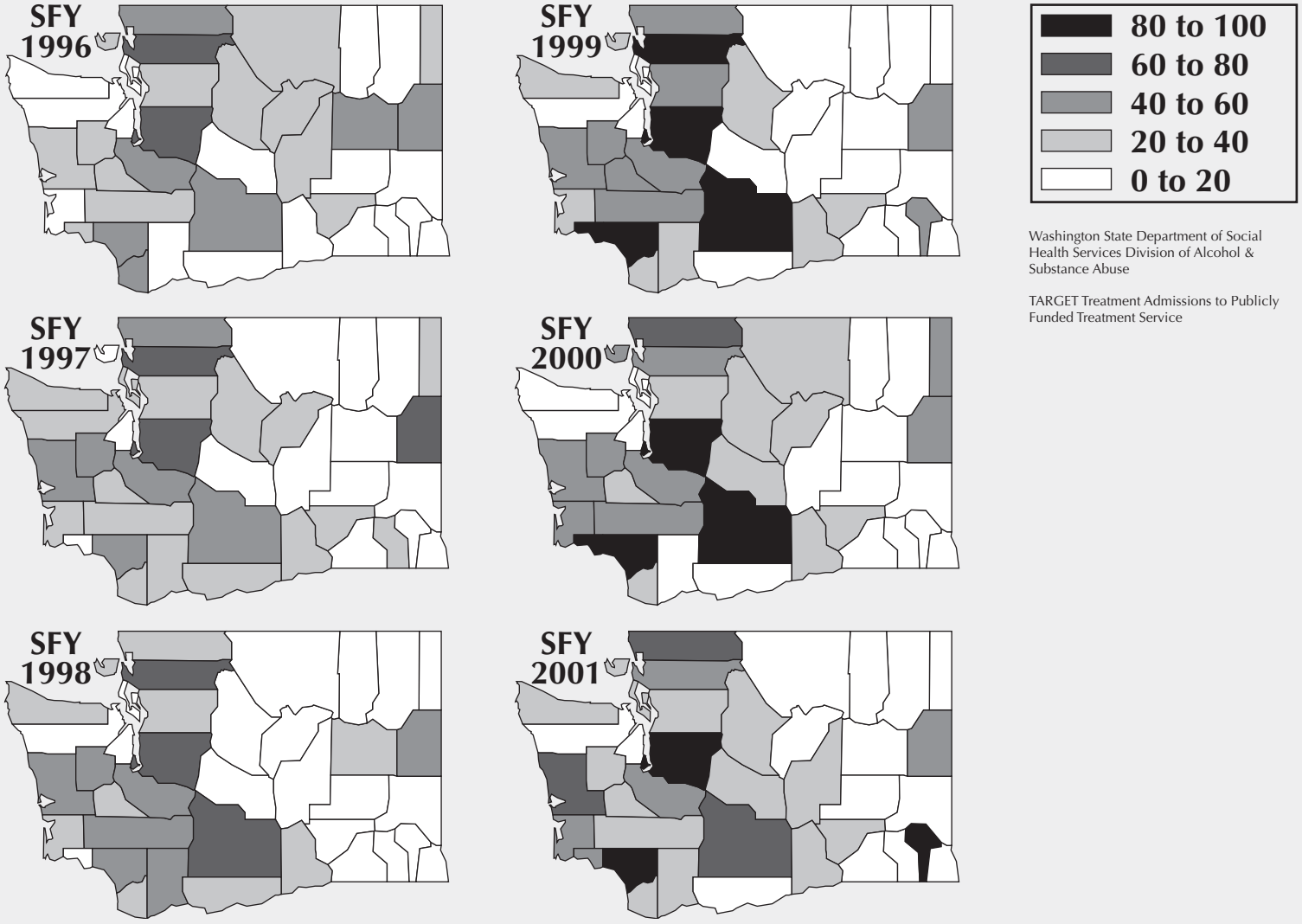
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Adult Treatment Admissions* Primary Drug = Cocaine

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	9	57.4	18	112.6	10	62.1	8	49.4	6	36.5	8	48.2
Asotin	6	29.9	4	19.7	1	4.8	3	14.6	2	9.7	1	4.8
Benton	60	45.0	55	40.3	37	26.8	77	54.8	57	40.0	53	36.6
Chelan	44	67.8	35	53.1	29	43.7	18	26.9	21	31.5	27	40.2
Clallam	3	4.8	16	25.4	10	15.8	20	31.1	14	21.7	16	24.7
Clark	135	44.4	166	52.3	128	39.0	117	34.7	84	24.3	109	30.9
Columbia	0	0.0	0	0.0	1	22.3	0	0.0	1	24.6	2	48.8
Cowlitz	52	57.7	70	77.2	55	60.0	46	49.6	83	89.3	71	75.6
Douglas	6	19.7	7	22.4	5	15.6	4	12.3	12	36.8	7	21.3
Ferry	2	28.1	0	0.0	1	14.2	1	13.8	1	13.8	0	0.0
Franklin	38	82.0	31	65.7	15	31.4	43	89.0	31	62.8	33	65.5
Garfield	2	92.4	0	0.0	0	0.0	1	41.9	0	0.0	1	41.7
Grant	25	36.4	38	54.0	26	36.0	21	28.6	28	37.5	20	26.4
Grays Harbor	17	24.9	49	71.9	39	57.7	25	37.1	16	23.8	20	29.2
Island	12	17.7	11	15.9	12	17.2	15	21.3	13	18.2	10	13.8
Jefferson	4	16.4	4	15.9	3	11.8	2	7.8	1	3.9	3	11.5
King	1231	74.2	1167	69.5	1138	66.9	1372	79.8	1386	79.8	1223	69.6
Kitsap	62	27.8	89	39.0	44	19.1	47	20.5	53	22.8	53	22.7
Kittitas	14	43.9	8	24.7	3	9.3	2	5.8	7	21.0	4	11.8
Klickitat	10	54.6	5	26.8	6	32.5	2	10.6	4	20.9	3	15.5
Lewis	4	6.0	5	7.4	8	11.8	6	8.8	10	14.6	3	4.3
Lincoln	3	31.3	1	10.1	1	9.9	3	29.6	1	9.8	1	9.8
Mason	8	17.2	3	6.3	11	23.0	13	26.8	11	22.3	14	28.2
Okanogan	18	45.9	19	47.2	21	53.3	10	25.4	19	48.0	23	57.9
Pacific	4	19.2	6	28.8	6	28.7	5	23.8	5	23.8	4	19.0
Pend Oreille	0	0.0	2	16.9	3	25.3	1	8.6	2	17.0	6	50.8
Pierce	463	70.4	493	73.8	521	76.6	641	92.7	577	82.3	514	72.0
San Juan	1	7.9	4	31.0		0.0		0.0	3	21.3	9	62.5
Skagit	72	75.0	97	99.1	69	69.1	111	108.7	119	115.6	98	94.1
Skamania	3	32.1	3	31.4	4	41.8	1	10.4	1	10.1	2	20.2
Snohomish	240	44.5	312	56.0	350	60.7	377	63.7	355	58.6	351	56.7
Spokane	246	60.5	277	67.6	242	58.5	296	71.0	301	72.0	348	82.4
Stevens	8	21.9	10	26.6	2	5.2	6	15.5	9	22.5	4	9.9
Thurston	70	35.8	54	27.1	33	16.3	53	25.8	56	27.0	45	21.4
Wahkiakum	0	0.0	0	0.0	0	0.0	0	0.0	1	26.2	0	0.0
Walla Walla	12	21.8	10	18.1	12	21.6	25	45.4	23	41.7	16	29.0
Whatcom	64	41.8	74	47.0	87	54.3	81	49.3	99	59.3	105	61.5
Whitman	4	9.9	1	2.5	1	2.4	1	2.4	2	4.9	9	22.3
Yakima	217	97.2	268	119.7	297	133.3	400	178.9	365	164.0	359	159.9
Total	3,169	56.9	3,412	60.2	3,231	56.2	3,854	66.1	3,779	64.1	3,575	59.8

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Adult Treatment Admissions for Heroin Per 100,000 in Population



Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

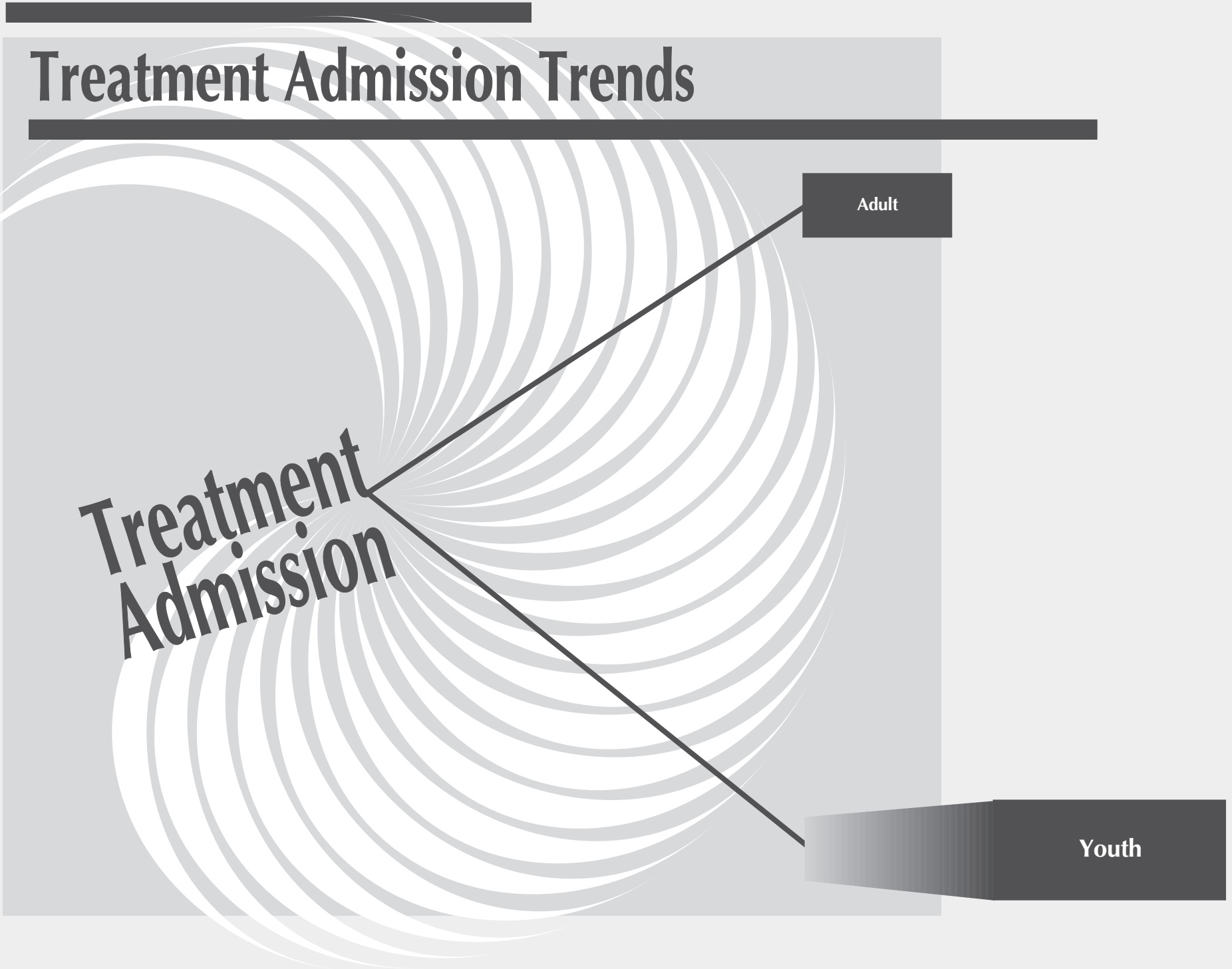
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Adult Treatment Admissions* Primary Drug = Heroin

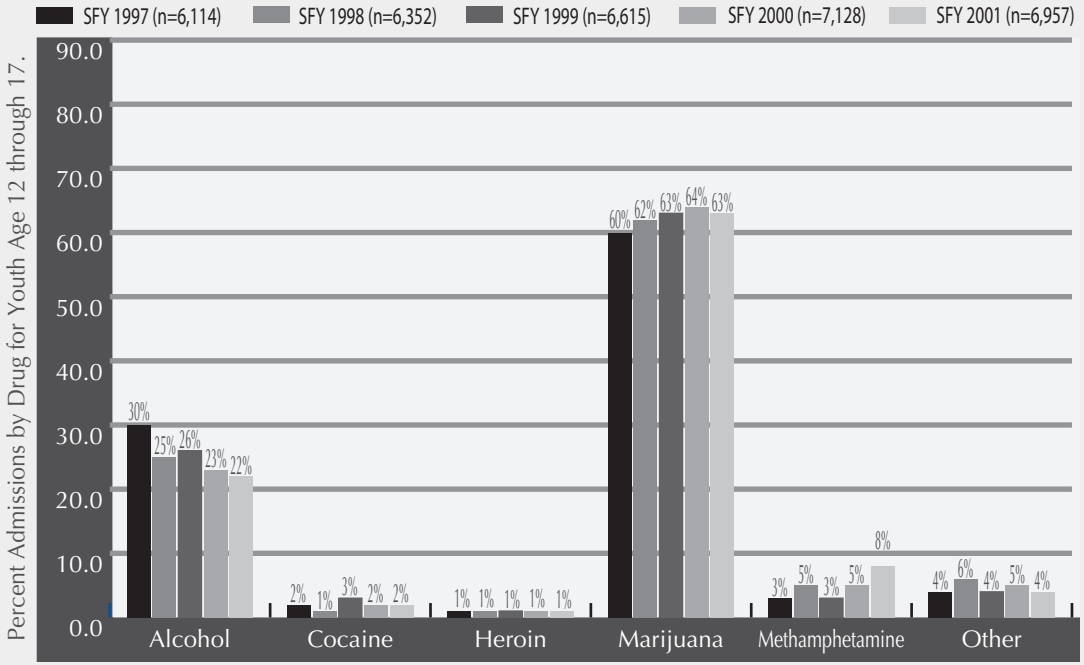
County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	1	6.4	0	0.0	0	0.0	2	12.4	1	6.1	2	12.0
Asotin	1	5.0	4	19.7	4	19.2	2	9.7	3	14.6	4	19.3
Benton	18	13.5	39	28.6	47	34.1	55	39.2	33	23.2	34	23.5
Chelan	16	24.7	21	31.8	11	16.6	15	22.4	23	34.5	25	37.3
Clallam	4	6.4	15	23.9	19	29.9	20	31.1	12	18.6	14	21.6
Clark	135	44.4	89	28.0	130	39.7	118	35.0	113	32.7	125	35.5
Columbia	1	21.0	1	22.1	0	0.0	0	0.0	0	0.0	0	0.0
Cowlitz	37	41.1	40	44.1	53	57.9	86	92.8	158	170.0	93	99.0
Douglas	10	32.8	7	22.4	7	21.8	3	9.2	8	24.5	5	15.2
Ferry	0	0.0	0	0.0	1	14.2	0	0.0	1	13.8	0	0.0
Franklin	11	23.7	11	23.3	9	18.8	16	33.1	16	32.4	16	31.7
Garfield	0	0.0	0	0.0	0	0.0	1	41.9	0	0.0	2	83.3
Grant	15	21.8	12	17.0	11	15.2	10	13.6	8	10.7	22	29.0
Grays Harbor	30	44.0	29	42.5	29	42.9	33	49.0	39	58.0	45	65.7
Island	4	5.9	19	27.5	8	11.5	11	15.6	8	11.2	16	22.1
Jefferson	3	12.3	6	23.9	2	7.9	5	19.5	2	7.7	4	15.3
King	1259	75.9	1298	77.3	1322	77.7	1382	80.3	1807	104.0	1406	80.0
Kitsap	31	13.9	33	14.5	35	15.2	34	14.8	28	12.1	27	11.6
Kittitas	5	15.7	3	9.3	3	9.3	3	8.7	9	27.0	8	23.5
Klickitat	2	10.9	4	21.5	4	21.7	2	10.6	2	10.4	2	10.4
Lewis	16	24.1	18	26.7	34	50.1	38	55.4	30	43.7	17	24.5
Lincoln	4	41.7		0.0	3	29.8	1	9.9	1	9.8	0	0.0
Mason	12	25.8	21	44.4	24	50.1	25	51.5	27	54.7	19	38.3
Okanogan	8	20.4	5	12.4	5	12.7	1	2.5	8	20.2	3	7.6
Pacific	3	14.4	7	33.6	5	23.9	8	38.1	11	52.4	11	52.4
Pend Oreille	4	33.4	3	25.4	1	8.4	1	8.6	5	42.6	1	8.5
Pierce	350	53.2	376	56.3	405	59.5	396	57.3	342	48.8	414	58.0
San Juan	4	31.8	1	7.7	4	30.2	4	28.5	7	49.7	5	34.7
Skagit	64	66.7	60	61.3	68	68.1	92	90.1	60	58.3	55	52.8
Skamania	0	0.0	2	20.9	5	52.3	2	20.9	0	0.0	3	30.3
Snohomish	155	28.7	186	33.4	159	27.6	272	46.0	230	38.0	195	31.5
Spokane	205	50.4	246	60.1	207	50.1	201	48.2	246	58.9	223	52.8
Stevens	4	11.0	6	16.0	2	5.2	3	7.7	4	10.0	3	7.4
Thurston	60	30.7	76	38.2	76	37.6	108	52.5	71	34.2	78	37.1
Wahkiakum	1	26.4	0	0.0	0	0.0	5	129.0	6	156.9	2	52.6
Walla Walla	9	16.3	6	10.9	4	7.2	9	16.3	9	16.3	6	10.9
Whatcom	70	45.7	80	50.8	74	46.2	71	43.2	114	68.3	123	72.1
Whitman	2	4.9	0	0.0	0	0.0	2	4.9	0	0.0	0	0.0
Yakima	117	52.4	128	57.2	175	78.5	195	87.2	222	99.7	164	73.1
Total	2,671	48.0	2,852	50.4	2,946	51.2	3,232	55.4	3,664	62.2	3,172	53.1

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Treatment Admission Trends



Marijuana is the Most Frequently Cited Primary Drug of Abuse in Youth Admissions to DASA-Funded Treatment.*



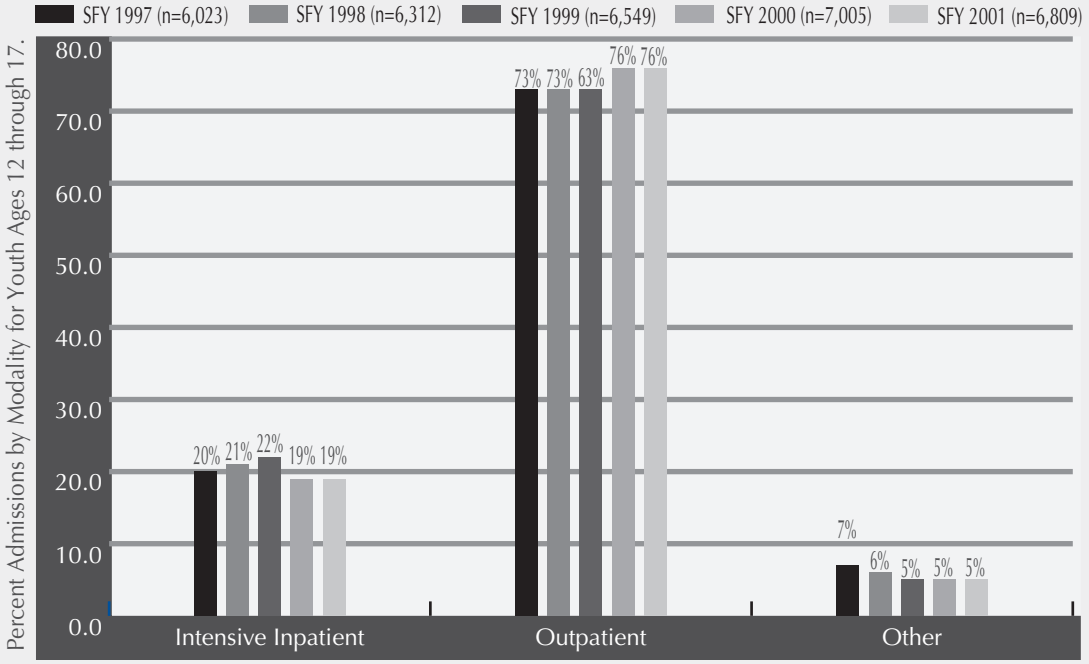
Treatment and Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse.

This graph indicates that in SFY 2001, marijuana was the primary drug of abuse for the majority of youth admissions to DASA-funded treatment services. Overall youth admissions increased from 6,114 in SFY 1997 to 6,957 in SFY 2001, representing a 13.8% increase. Treatment admissions for methamphetamine have more than tripled, from 169 in SFY 1997 to 551 in SFR 2001.

Note: These may include some multiple admissions for a single individual over the course of year.

**excludes detoxification and transitional housing*

The Majority of Youth Admissions to DASA-Funded Chemical Dependency Treatment are for Outpatient Services.

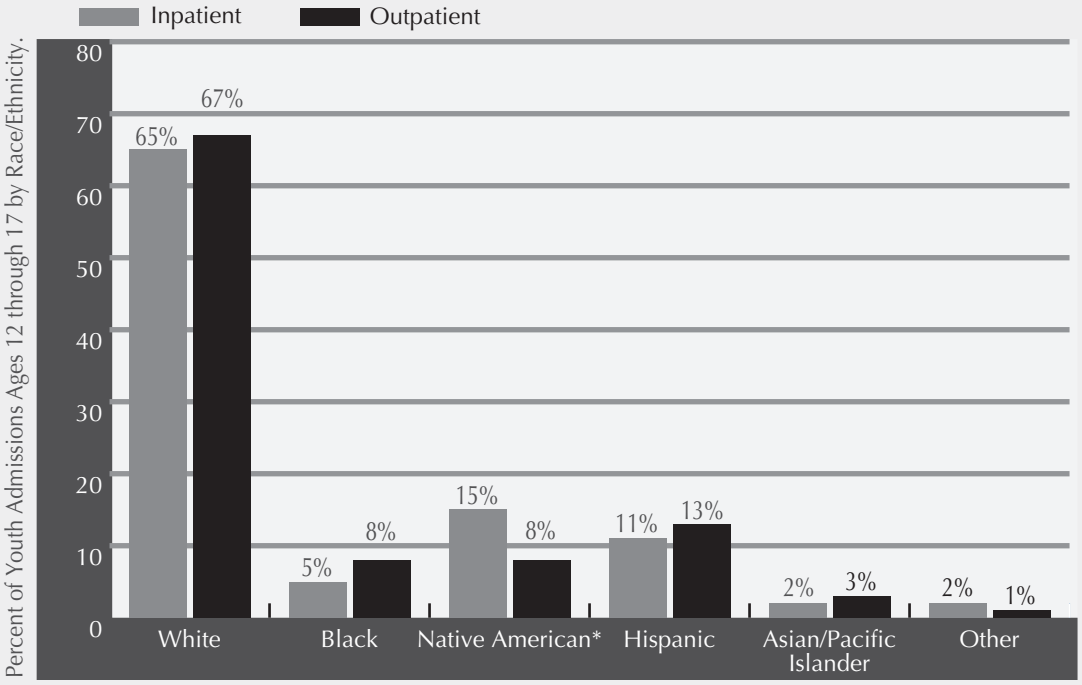


Treatment and Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse.

Three-quarters of youth admissions to DASA-funded chemical dependency treatment services are for outpatient treatment (including intensive outpatient).

Note: These data may include multiple admissions for the same individual over the course of the year. "Other" includes group care enhancements, recovery house, long-term residential, methadone, and treatment services for those with co-occurring disorders.

In SFY 2001, Racial and Ethnic Minorities Comprised Approximately One-Third of Youth Admissions to DASA-Funded Chemical Dependency Treatment Services.

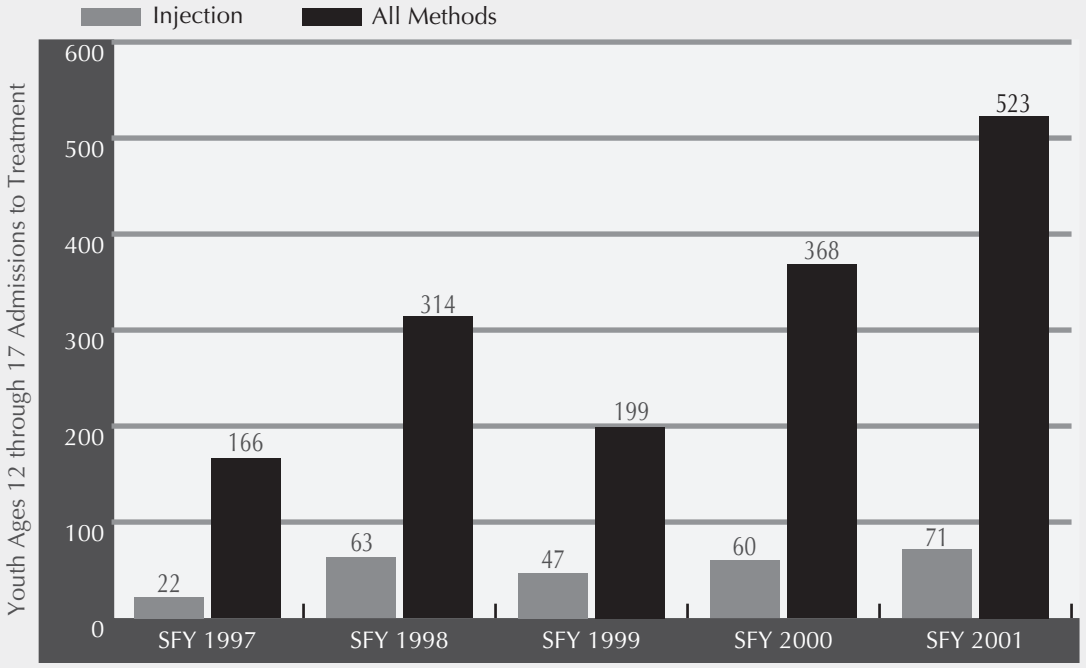


Treatment Assessment Report Generation Tool (TARGET), Department of Social and Health Services, Division of Alcohol and Substance Abuse.

This graph indicates that racial/ethnic minorities comprised between 33-35% of youth admissions to DASA-funded chemical dependency treatment services. Percentages of youth from different minority groups receiving DASA-funded treatment vary across modalities.

**Includes Eskimo/Alaskan Native/Aleut*

DASA-Funded Youth Treatment Admissions for Methamphetamine Use Have More than Tripled in the Past Five Years.

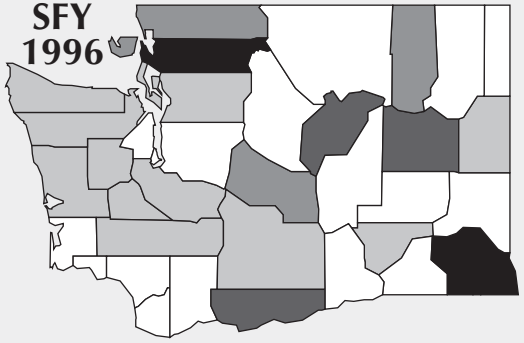


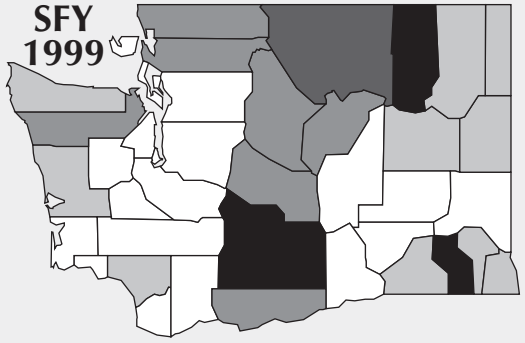
Treatment and Assessment Report Generation Tool (TARGET), Washington State Department of Social and Health Services.

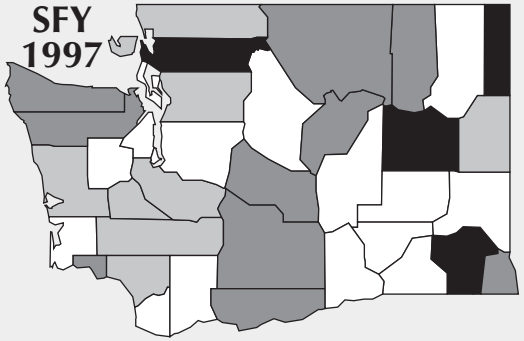
This graph indicates that youth admissions to DASA-funded treatment for methamphetamine use have more than tripled over the past five years. Youth are far less likely to inject methamphetamine than are adults.

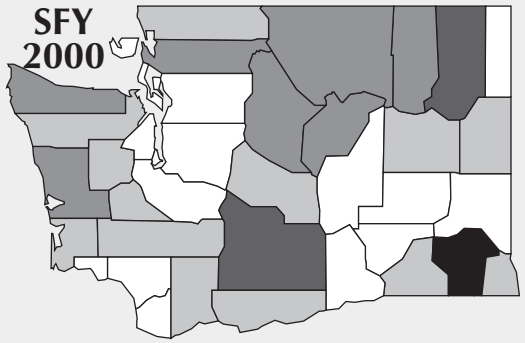
Note: Excludes detoxification and transitional housing, private-pay and Department of Corrections admissions. Includes total unduplicated admissions within counties.

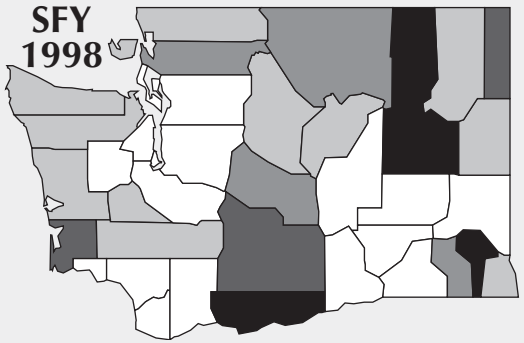
Washington State Youth Treatment Admissions for Alcohol Per 100,000 in Population

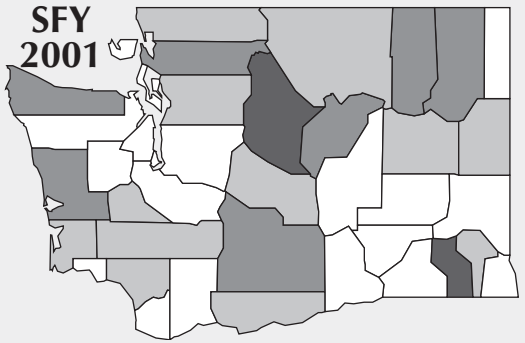


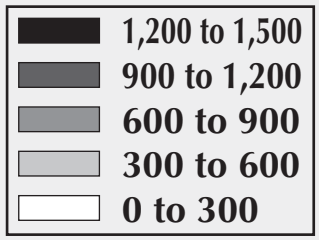












Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

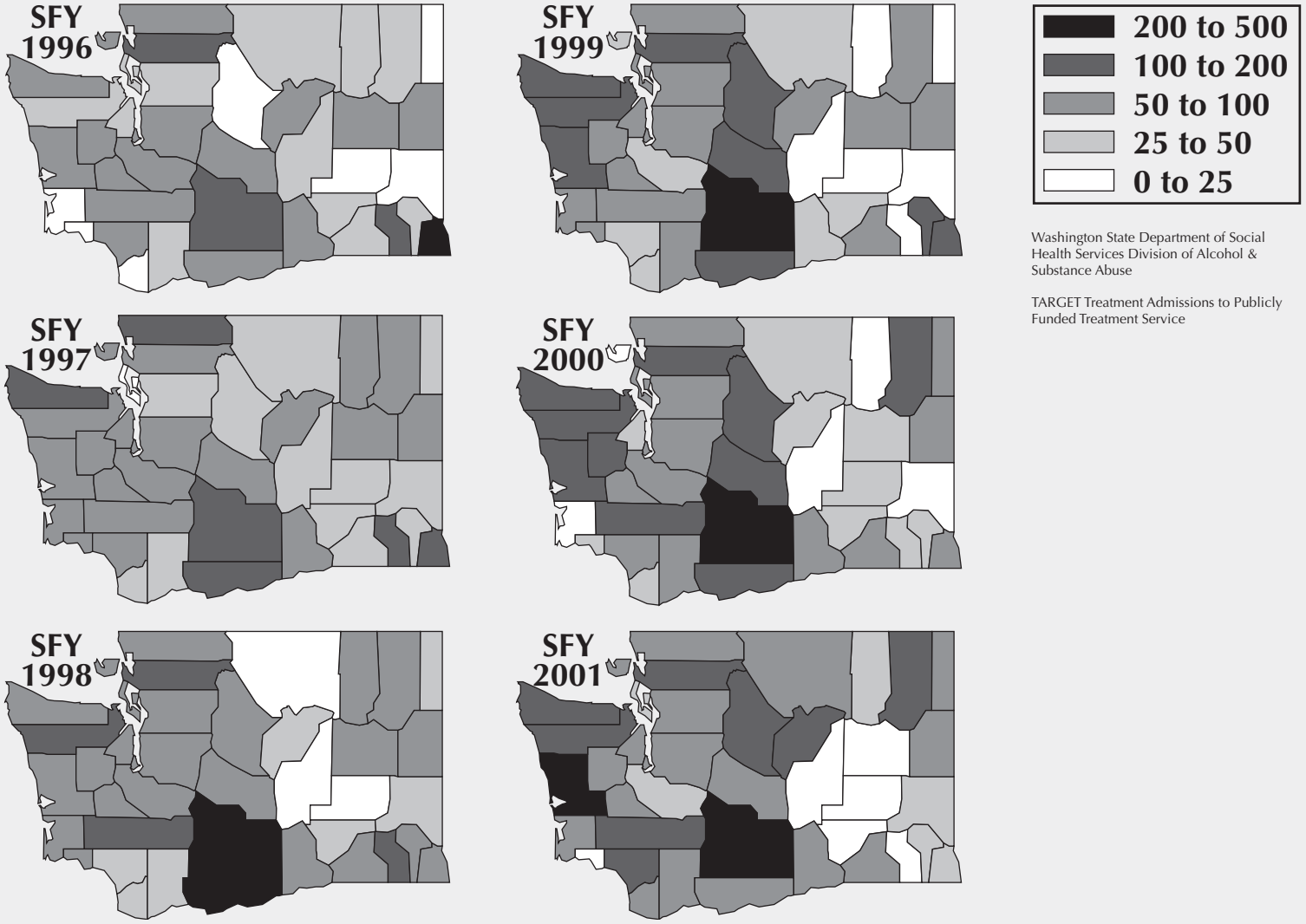
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Youth Treatment Admissions * Primary Drug = Alcohol

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	2	12.8	3	18.8	3	18.6	1	6.2	3	18.3	2	12.0
Asotin	33	164.6	12	59.2	9	43.3	10	48.5	6	29.2	2	9.7
Benton	19	14.3	27	19.8	23	16.7	16	11.4	27	19.0	14	9.7
Chelan	8	12.3	12	18.2	23	34.6	48	71.7	45	67.6	65	96.9
Clallam	28	44.9	42	66.8	31	48.9	32	49.7	45	69.7	33	50.9
Clark	30	9.9	43	13.6	44	13.4	46	13.6	40	11.6	35	9.9
Columbia	15	314.3	7	154.6	3	66.9	6	140.4	5	123.0	4	97.6
Cowlitz	21	23.3	31	34.2	16	17.5	24	25.9	23	24.7	25	26.6
Douglas	30	98.3	19	60.8	9	28.1	22	67.6	18	55.2	18	54.9
Ferry	5	70.1	4	56.1	13	184.6	9	123.8	4	55.1	5	68.5
Franklin	13	28.0	7	14.8	11	23.0	6	12.4	12	24.3	7	13.9
Garfield	8	369.7	5	222.0	4	175.5	1	41.9	5	208.6	1	41.7
Grant	6	8.7	16	22.7	10	13.8	11	15.0	8	10.7	5	6.6
Grays Harbor	23	33.7	23	33.7	19	28.1	33	49.0	45	67.0	47	68.6
Island	25	36.8	14	20.3	8	11.5	7	9.9	15	21.0	14	19.3
Jefferson	8	32.7	13	51.8	8	31.4	17	66.2	9	34.7	2	7.7
King	339	20.4	359	21.4	357	21.0	373	21.7	342	19.7	294	16.7
Kitsap	50	22.4	49	21.5	51	22.2	43	18.7	12	5.2	23	9.9
Kittitas	19	59.6	17	52.6	24	74.3	21	60.8	15	45.0	15	44.1
Klickitat	14	76.5	12	64.4	20	108.4	12	63.9	6	31.3	7	36.3
Lewis	32	48.3	26	38.6	31	45.6	17	24.8	32	46.6	25	36.0
Lincoln	9	93.8	19	192.2	14	138.9	4	39.4	5	49.1	5	49.0
Mason	15	32.3	9	19.0	8	16.7	11	22.7	15	30.4	3	6.0
Okanogan	4	10.2	26	64.6	26	65.9	39	98.9	28	70.8	14	35.3
Pacific	3	14.4	5	24.0	17	81.2	9	42.9	6	28.6	13	61.9
Pend Oreille	1	8.4	12	101.6	11	92.8		0.0	1	8.5	3	25.4
Pierce	325	49.4	192	28.7	132	19.4	129	18.7	125	17.8	100	14.0
San Juan	8	63.5	5	38.7	4	30.2	1	7.1	2	14.2	2	13.9
Skagit	143	149.0	136	139.0	51	51.1	76	74.5	74	71.9	52	50.0
Skamania	1	10.7	2	20.9	1	10.5	1	10.4	3	30.4	0	0.0
Snohomish	165	30.6	149	26.7	109	18.9	96	16.2	109	18.0	159	25.7
Spokane	117	28.8	154	37.6	108	26.1	127	30.5	119	28.5	141	33.4
Stevens	7	19.2	4	10.6	13	34.1	13	33.5	38	94.8	26	64.5
Thurston	94	48.1	71	35.7	83	41.0	51	24.8	52	25.1	81	38.5
Wahkiakum	0	0.0	2	51.5	0	0.0	0	0.0	0	0.0	0	0.0
Walla Walla	9	16.3	12	21.7	7	12.6	15	27.2	15	27.2	11	19.9
Whatcom	105	68.6	73	46.4	69	43.1	92	56.0	82	49.2	61	35.8
Whitman	4	9.9	3	7.4	7	17.0	7	17.0	2	4.9	3	7.4
Yakima	107	47.9	132	59.0	183	82.1	223	99.7	185	83.1	156	69.5
Total	1,845	33.1	1,747	30.8	1,560	27.1	1,649	28.3	1,578	26.8	1,473	24.7

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Youth Treatment Admissions for Marijuana Per 100,000 in Population



Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

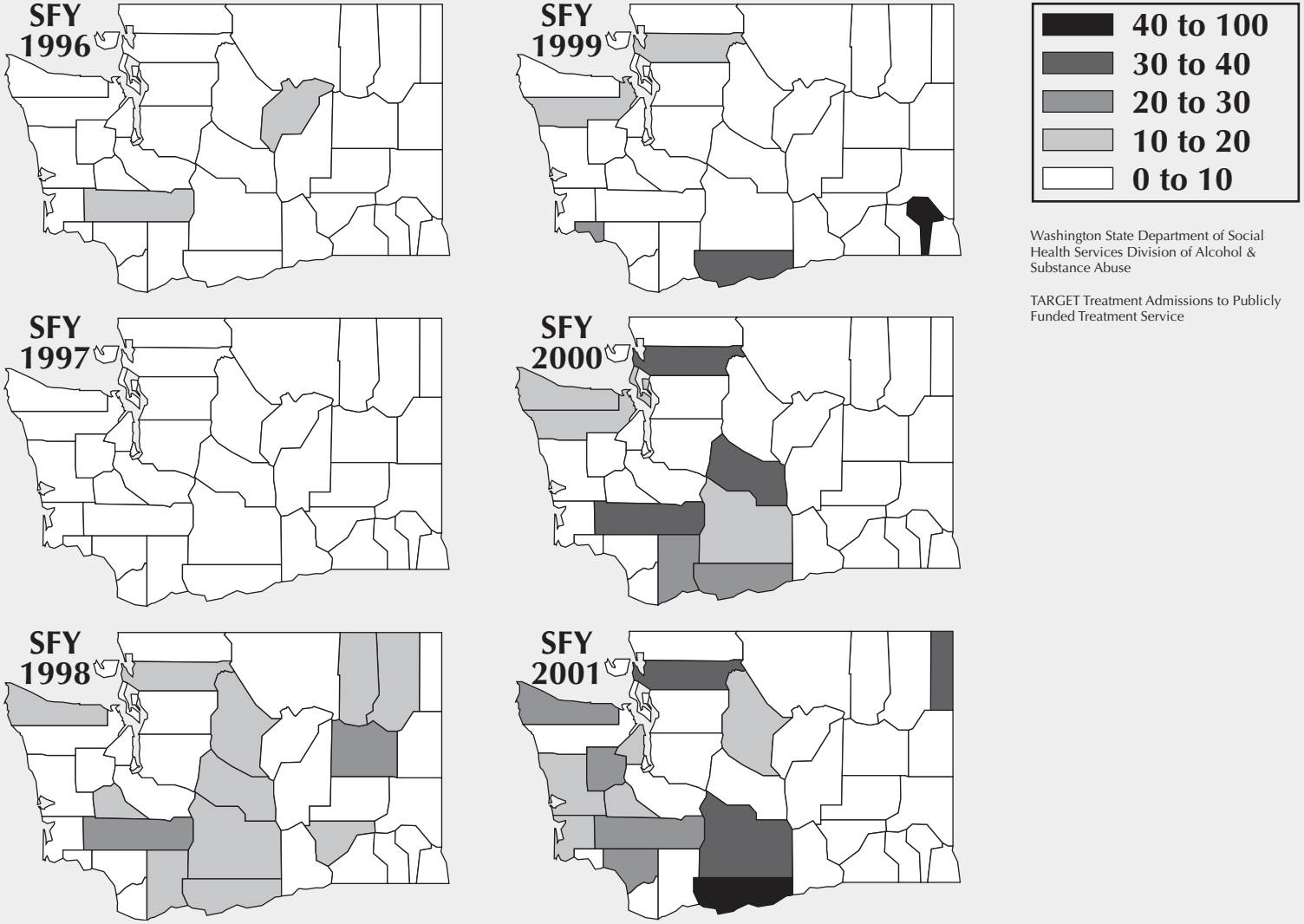
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Youth Treatment Admissions * Primary Drug = Marijuana

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	1	6.4	7	43.8	2	12.4	2	12.4	7	42.6	4	24.1
Asotin	62	309.2	23	113.5	14	67.4	21	101.9	18	87.6	6	29.0
Benton	77	57.8	79	57.9	85	61.6	50	35.6	79	55.4	83	57.3
Chelan	11	17.0	24	36.4	35	52.7	68	101.6	72	108.1	70	104.3
Clallam	54	86.6	86	136.7	41	64.6	81	125.8	112	173.6	83	128.1
Clark	93	30.6	99	31.2	132	40.3	162	48.0	157	45.5	193	54.7
Columbia	6	125.7	5	110.4	5	111.5	1	23.4	2	49.2	1	24.4
Cowlitz	51	56.6	58	63.9	41	44.8	38	41.0	80	86.1	85	90.5
Douglas	25	81.9	23	73.6	12	37.4	21	64.6	11	33.7	30	91.5
Ferry	2	28.1	5	70.2	7	99.4	1	13.8	1	13.8	3	41.1
Franklin	13	28.0	20	42.4	17	35.6	15	31.1	20	40.5	11	21.8
Garfield	3	138.6	1	44.4	2	87.8	3	125.6	1	41.7	1	41.7
Grant	20	29.1	25	35.5	16	22.1	14	19.0	15	20.1	18	23.7
Grays Harbor	43	63.1	39	57.2	54	79.9	129	191.5	97	144.4	143	208.8
Island	29	42.7	13	18.8	52	74.7	44	62.4	45	62.9	31	42.8
Jefferson	12	49.1	17	67.7	35	137.5	37	144.2	39	150.3	27	103.4
King	880	53.0	868	51.7	972	57.1	1012	58.8	1196	68.9	1000	56.9
Kitsap	85	38.1	135	59.2	157	68.3	120	52.3	82	35.3	117	50.1
Kittitas	18	56.5	24	74.2	29	89.8	36	104.2	42	125.9	19	55.9
Klickitat	14	76.5	24	128.8	38	205.9	22	117.1	25	130.5	16	82.9
Lewis	40	60.3	59	87.6	68	100.1	50	72.9	90	131.2	103	148.2
Lincoln	9	93.8	10	101.2	9	89.3	8	78.9	5	49.1	2	19.6
Mason	35	75.3	31	65.6	31	64.7	32	66.0	50	101.2	44	88.7
Okanogan	17	43.4	16	39.7	8	20.3	15	38.0	19	48.0	28	70.5
Pacific	5	24.0	16	76.9	20	95.5	16	76.3	4	19.1	19	90.5
Pend Oreille	2	16.7	5	42.3	5	42.2	0	0.0	7	59.7	7	59.3
Pierce	385	58.5	378	56.6	420	61.7	306	44.2	376	53.7	303	42.5
San Juan	12	95.3	8	62.0	10	75.5	6	42.8	3	21.3	9	62.5
Skagit	106	110.5	142	145.1	113	113.2	120	117.6	153	148.6	138	132.6
Skamania	3	32.1	3	31.4	4	41.8	6	62.6	7	70.9	6	60.6
Snohomish	194	36.0	268	48.1	293	50.9	300	50.7	387	63.9	343	55.4
Spokane	256	63.0	369	90.1	295	71.3	365	87.6	362	86.6	379	89.7
Stevens	12	32.9	31	82.4	22	57.7	35	90.3	45	112.3	59	146.4
Thurston	125	64.0	136	68.3	181	89.4	181	88.1	161	77.6	195	92.8
Wahkiakum	0	0.0	3	77.3	2	51.5	2	51.6	1	26.2	0	0.0
Walla Walla	14	25.4	21	38.0	29	52.2	32	58.1	35	63.4	42	76.1
Whatcom	122	79.6	124	78.8	125	78.0	132	80.3	153	91.7	137	80.3
Whitman	9	22.2	12	29.4	11	26.8	9	21.8	3	7.4	12	29.8
Yakima	293	131.3	394	176.0	447	200.6	568	254.0	525	235.9	475	211.6
Total	3,138	56.4	3,601	63.6	3,839	66.8	4,060	69.6	4,487	76.1	4,242	71.0

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Youth Treatment Admissions for Methamphetamine Per 100,000 in Population



Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

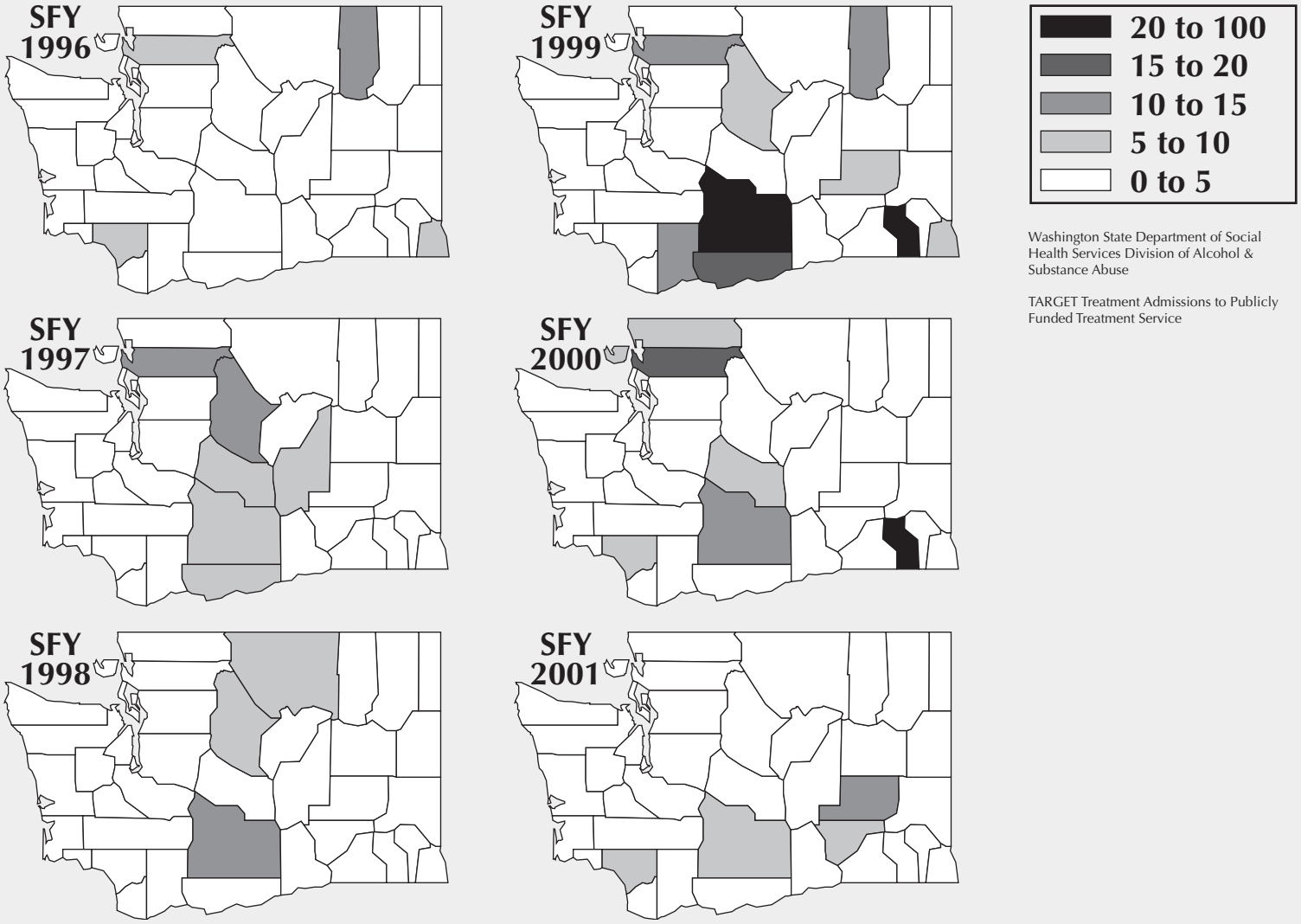
TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Youth Treatment Admissions* Primary Drug = Methamphetamine

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	0	0.0	1	6.3	0	0.0	0	0.0	0	0.0	0	0.0
Asotin	0	0.0	1	4.9	0	0.0	1	4.9	1	4.9	0	0.0
Benton	3	2.3	8	5.9	8	5.8	3	2.1	1	0.7	12	8.3
Chelan	4	6.2	1	1.5	9	13.6	2	3.0	4	6.0	11	16.4
Clallam	3	4.8	5	8.0	7	11.0	4	6.2	10	15.5	17	26.2
Clark	10	3.3	6	1.9	23	7.0	21	6.2	28	8.1	31	8.8
Columbia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cowlitz	5	5.6	3	3.3	6	6.5	3	3.2	7	7.5	24	25.6
Douglas	4	13.1	1	3.2	2	6.2	1	3.1	0	0.0	2	6.1
Ferry	0	0.0	0	0.0	1	14.2	0	0.0	0	0.0	0	0.0
Franklin	2	4.3	0	0.0	5	10.5	0	0.0	2	4.1	2	4.0
Garfield	0	0.0	0	0.0	0	0.0	1	41.9	0	0.0	0	0.0
Grant	2	2.9	0	0.0	3	4.2	0	0.0	0	0.0	1	1.3
Grays Harbor	6	8.8	3	4.4	5	7.4	3	4.5	6	8.9	10	14.6
Island	3	4.4	1	1.4	6	8.6	4	5.7	10	14.0	3	4.1
Jefferson	1	4.1	0	0.0	0	0.0	3	11.7	3	11.6	1	3.8
King	31	1.9	30	1.8	29	1.7	25	1.5	45	2.6	50	2.8
Kitsap	10	4.5	11	4.8	10	4.4	7	3.0	23	9.9	31	13.3
Kittitas	3	9.4	1	3.1	4	12.4	3	8.7	10	30.0	3	8.8
Klickitat	0	0.0	0	0.0	2	10.8	6	31.9	4	20.9	11	57.0
Lewis	11	16.6	5	7.4	15	22.1	0	0.0	24	35.0	17	24.5
Lincoln	0	0.0	0	0.0	3	29.8	1	9.9	1	9.8	0	0.0
Mason	2	4.3	0	0.0	2	4.2	1	2.1	4	8.1	11	22.2
Okanogan	0	0.0	0	0.0	2	5.1	0	0.0	0	0.0	2	5.0
Pacific	0	0.0	0	0.0	0	0.0	1	4.8	2	9.5	3	14.3
Pend Oreille	0	0.0	0	0.0	1	8.4	0	0.0	0	0.0	4	33.9
Pierce	16	2.4	19	2.8	28	4.1	26	3.8	44	6.3	47	6.6
San Juan	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	6.9
Skagit	9	9.4	6	6.1	18	18.0	17	16.7	31	30.1	41	39.4
Skamania	0	0.0	0	0.0	1	10.5	0	0.0	1	10.1	0	0.0
Snohomish	16	3.0	19	3.4	27	4.7	18	3.0	22	3.6	27	4.4
Spokane	27	6.6	18	4.4	29	7.0	9	2.2	31	7.4	32	7.6
Stevens	2	5.5	0	0.0	4	10.5	0	0.0	1	2.5	3	7.4
Thurston	11	5.6	13	6.5	28	13.8	15	7.3	10	4.8	36	17.1
Wahkiakum	0	0.0	0	0.0	0	0.0	1	25.8	0	0.0	0	0.0
Walla Walla	0	0.0	2	3.6	2	3.6	3	5.4	1	1.8	3	5.4
Whatcom	3	2.0	0	0.0	5	3.1	6	3.7	12	7.2	13	7.6
Whitman	2	4.9	0	0.0	0	0.0	0	0.0	0	0.0	1	2.5
Yakima	14	6.3	12	5.4	29	13.0	14	6.3	30	13.5	73	32.5
Total	200	3.6	166	2.9	314	5.5	199	3.4	368	6.2	523	8.8

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Youth Treatment Admissions for Cocaine Per 100,000 in Population



Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

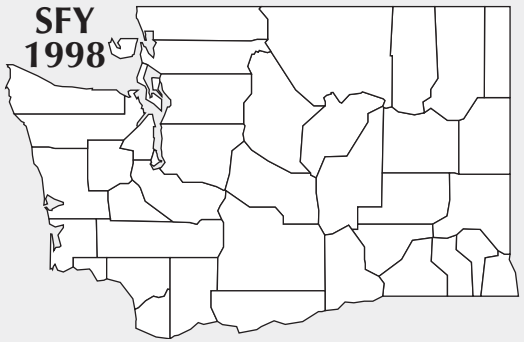
TARGET Treatment Admissions to Publicly Funded Treatment Service

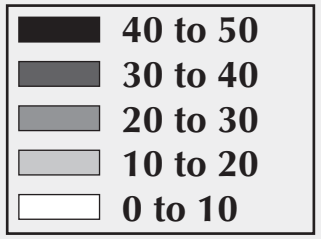
Washington State Youth Treatment Admissions* Primary Drug = Cocaine

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	0	0.0	0	0.0	0	0.0	1	6.2	0	0.0	2	12.0
Asotin	1	5.0	0	0.0	0	0.0	2	9.7	0	0.0	0	0.0
Benton	1	0.8	1	0.7	1	0.7	1	0.7	2	1.4	4	2.8
Chelan	1	1.5	9	13.6	5	7.5	4	6.0	0	0.0	3	4.5
Clallam	0	0.0	1	1.6	1	1.6	0	0.0	0	0.0	0	0.0
Clark	2	0.7	2	0.6	3	0.9	2	0.6	3	0.9	2	0.6
Columbia	0	0.0	0	0.0	0	0.0	1	23.4	1	24.6	0	0.0
Cowlitz	5	5.6	2	2.2	1	1.1	1	1.1	7	7.5	7	7.5
Douglas	0	0.0	1	3.2	0	0.0	0	0.0	0	0.0	1	3.0
Ferry	1	14.0	0	0.0	0	0.0	1	13.8	0	0.0	0	0.0
Franklin	1	2.2	1	2.1	1	2.1	1	2.1	0	0.0	4	7.9
Garfield	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Grant	1	1.5	5	7.1	2	2.8	2	2.7	2	2.7	1	1.3
Grays Harbor	0	0.0	2	2.9	1	1.5	1	1.5	0	0.0	2	2.9
Island	0	0.0	0	0.0	0	0.0	3	4.3	0	0.0	0	0.0
Jefferson	0	0.0	0	0.0	1	3.9	0	0.0	0	0.0	1	3.8
King	22	1.3	26	1.5	24	1.4	46	2.7	35	2.0	33	1.9
Kitsap	0	0.0	1	0.4	1	0.4	4	1.7	2	0.9	0	0.0
Kittitas	1	3.1	2	6.2	0	0.0	1	2.9	3	9.0	0	0.0
Klickitat	0	0.0	1	5.4	0	0.0	3	16.0	0	0.0	0	0.0
Lewis	0	0.0	1	1.5	3	4.4	0	0.0	2	2.9	1	1.4
Lincoln	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Mason	0	0.0	0	0.0	1	2.1	2	4.1	2	4.0	1	2.0
Okanogan	1	2.6	0	0.0	2	5.1	1	2.5	1	2.5	1	2.5
Pacific	0	0.0	0	0.0	0	0.0	1	4.8	1	4.8	0	0.0
Pend Oreille	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pierce	4	0.6	8	1.2	6	0.9	9	1.3	12	1.7	2	0.3
San Juan	0	0.0	0	0.0	0	0.0	0	0.0	1	7.1	0	0.0
Skagit	6	6.3	11	11.2	3	3.0	13	12.7	16	15.5	4	3.8
Skamania	0	0.0	0	0.0	0	0.0	1	10.4	0	0.0	0	0.0
Snohomish	10	1.9	17	3.1	10	1.7	20	3.4	20	3.3	5	0.8
Spokane	11	2.7	12	2.9	5	1.2	12	2.9	11	2.6	11	2.6
Stevens	0	0.0	0	0.0	0	0.0	0	0.0	1	2.5	0	0.0
Thurston	3	1.5	2	1.0	5	2.5	3	1.5	6	2.9	1	0.5
Wahkiakum	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Walla Walla	1	1.8	1	1.8	0	0.0	0	0.0	1	1.8	0	0.0
Whatcom	2	1.3	5	3.2	6	3.7	5	3.0	11	6.6	7	4.1
Whitman	0	0.0	1	2.5	1	2.4	0	0.0	0	0.0	0	0.0
Yakima	3	1.3	12	5.4	29	13.0	58	25.9	30	13.5	20	8.9
Total	77	1.4	124	2.2	112	1.9	199	3.4	170	2.9	113	1.9

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Washington State Youth Treatment Admissions for Heroin Per 100,000 in Population





Washington State Department of Social Health Services Division of Alcohol & Substance Abuse

TARGET Treatment Admissions to Publicly Funded Treatment Service

Washington State Youth Treatment Admissions* Primary Drug = Heroin

County Name	SFY 1996		SFY 1997		SFY 1998		SFY 1999		SFY 2000		SFY 2001	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Adams	0	0.0	0	0.0	1	6.2	0	0.0	0	0.0	0	0.0
Asotin	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Benton	1	0.8	1	0.7	0	0.0	1	0.7	0	0.0	1	0.7
Chelan	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0	1	1.5
Clallam	0	0.0	1	1.6	0	0.0	1	1.6	0	0.0	0	0.0
Clark	3	1.0	4	1.3	3	0.9	4	1.2	0	0.0	1	0.3
Columbia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cowlitz	1	1.1	2	2.2	4	4.4	3	3.2	12	12.9	10	10.6
Douglas	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Ferry	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Franklin	0	0.0	2	4.2	0	0.0	0	0.0	0	0.0	0	0.0
Garfield	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Grant	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.3
Grays Harbor	0	0.0	0	0.0	0	0.0	1	1.5	0	0.0	0	0.0
Island	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Jefferson	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
King	11	0.7	16	1.0	23	1.4	21	1.2	12	0.7	15	0.9
Kitsap	0	0.0	0	0.0	0	0.0	1	0.4	3	1.3	0	0.0
Kittitas	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Klickitat	0	0.0	0	0.0	1	5.4	0	0.0	1	5.2	1	5.2
Lewis	0	0.0	2	3.0	1	1.5	0	0.0	3	4.4	0	0.0
Lincoln	0	0.0	1	10.1	1	9.9	0	0.0	0	0.0	0	0.0
Mason	0	0.0	2	4.2	0	0.0	0	0.0	0	0.0	0	0.0
Okanogan	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pacific	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pend Oreille	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pierce	7	1.1	4	0.6	4	0.6	2	0.3	2	0.3	1	0.1
San Juan	0	0.0	0	0.0	1	7.6	0	0.0	0	0.0	0	0.0
Skagit	1	1.0	9	9.2	6	6.0	8	7.8	4	3.9	1	1.0
Skamania	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Snohomish	5	0.9	0	0.0	6	1.0	3	0.5	4	0.7	4	0.6
Spokane	6	1.5	3	0.7	1	0.2	3	0.7	0	0.0	1	0.2
Stevens	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Thurston	6	3.1	3	1.5	7	3.5	7	3.4	6	2.9	2	1.0
Wahkiakum	0	0.0	0	0.0	0	0.0	1	25.8	1	26.2	0	0.0
Walla Walla	0	0.0	0	0.0	0	0.0	0	0.0	1	1.8	0	0.0
Whatcom	2	1.3	1	0.6	1	0.6	3	1.8	4	2.4	4	2.3
Whitman	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Yakima	9	4.0	4	1.8	0	0.0	6	2.7	15	6.7	15	6.7
Total	52	0.9	55	1.0	60	1.0	66	1.1	68	1.2	58	1.0

* Excludes Detox, Transitional Housing & Group Care Enhancement, private pay admissions. Includes total admissions - counts may be duplicated for an individual based on multiple admissions or multiple modalities of care.

Treatment Completion

Treatment Completion Improves Patient Outcomes

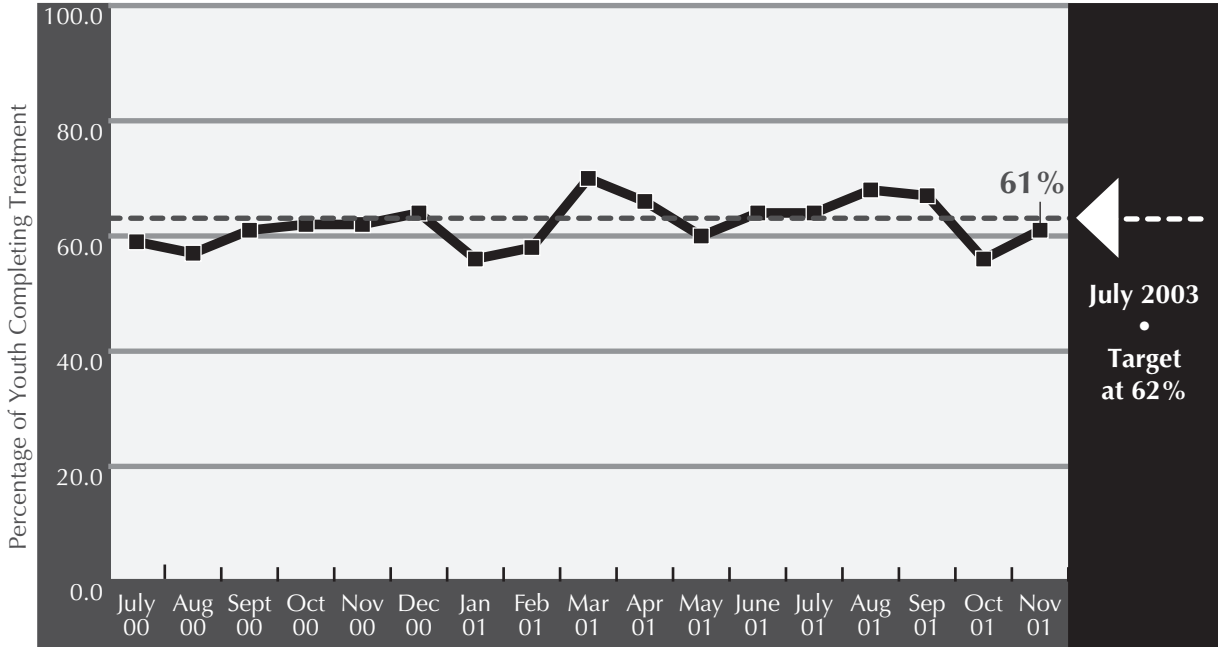
As part of a Department of Social and Health Services' pledge to ensure better outcomes for state residents it serves, the Division of Alcohol and Substance Abuse (DASA) has committed itself to improving completion and retention rates for publicly funded patients receiving chemical dependency treatment. This focus is soundly based in the science of addiction:

- *A 1993 New Jersey study indicates that clients who complete the first 28 days of treatment have more favorable outcomes (lower medical care utilization, fewer psychiatric hospitalizations, less criminal involvement) than those who are admitted to treatment but who do not complete the treatment.*[1]
- *The extended recovery rate (abstinent 15-18 months after discharge) of adolescents who successfully complete treatment is significantly higher (40%) than clients who withdraw or are discharged from treatment against medical advice (26%) or because of rule violations (29%).*[2]
- *The extended recovery rate of adolescents (66%) who are discharged from inpatient treatment, and complete aftercare services such as peer support groups and/or further treatment, is twice that of adolescents who are discharged from treatment and who do not complete aftercare services (30%).*[3]
- *Adults completing an inpatient program for patients with co-occurring substance abuse and mental illness were 39% less likely to be admitted to a psychiatric hospital in the year after treatment, and 27% less likely to use emergency medical services than adults who did not complete the inpatient program.*[4]
- *Pregnant women who complete treatment are more likely to have full-term deliveries, babies with higher birth weights, and fewer fetal or infant deaths than pregnant women who receive no treatment or leave before completing treatment.*[5]
- *Adults completing a full continuum of treatment have higher post-treatment wages from employment ($403/month) than clients who leave before completing treatment ($310/month) or who receive no treatment ($265/month).*[6]
- *Adult clients who left long term residential treatment early were 9 times more likely to have spent time in jail 6-months post discharge than clients who completed their treatment.*[7]

DASA is now working with researchers, counties, tribes, and both residential and outpatient treatment providers to set targets and incorporate best practices to improve completion rates throughout the state.

[1] Hoffmann, N., Dehart, S., & Fulkerson, J. (1993). Medical care utilization as a function of recovery status following chemical addictions treatment. Journal of Addictive Diseases Vol. 12.
[2] New Standards, Inc. (1997). Washington State Division of Alcohol and Substance Abuse 18-month adolescent outcomes report. Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse.
[3] Ibid.
[4] Cox, Gary, & Maynard, Charles. (1998). Evaluation of Pioneer Center North. Olympia, WA: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse.
[5] Washington State MOMS Project. (1999). Washington State MOMS Project: Perinatal research and demonstration project. Olympia, WA: Department of Social and Health Services, Division of Alcohol and Substance Abuse.
[6] (Wickizer, T., Joesch, J., Longhi, D., Krupski, A., & Stark, K., (1997). Employment outcomes of indigent clients receiving alcohol and drug treatment in Washington State. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
[7] Carney, M., & Donovan, D. (1999). Washington State Outcomes Project: An evaluation of the publicly funded adult residential treatment system 6 months post discharge. Olympia, WA: Division of Alcohol and Substance Abuse, Department of Social and Health Services.

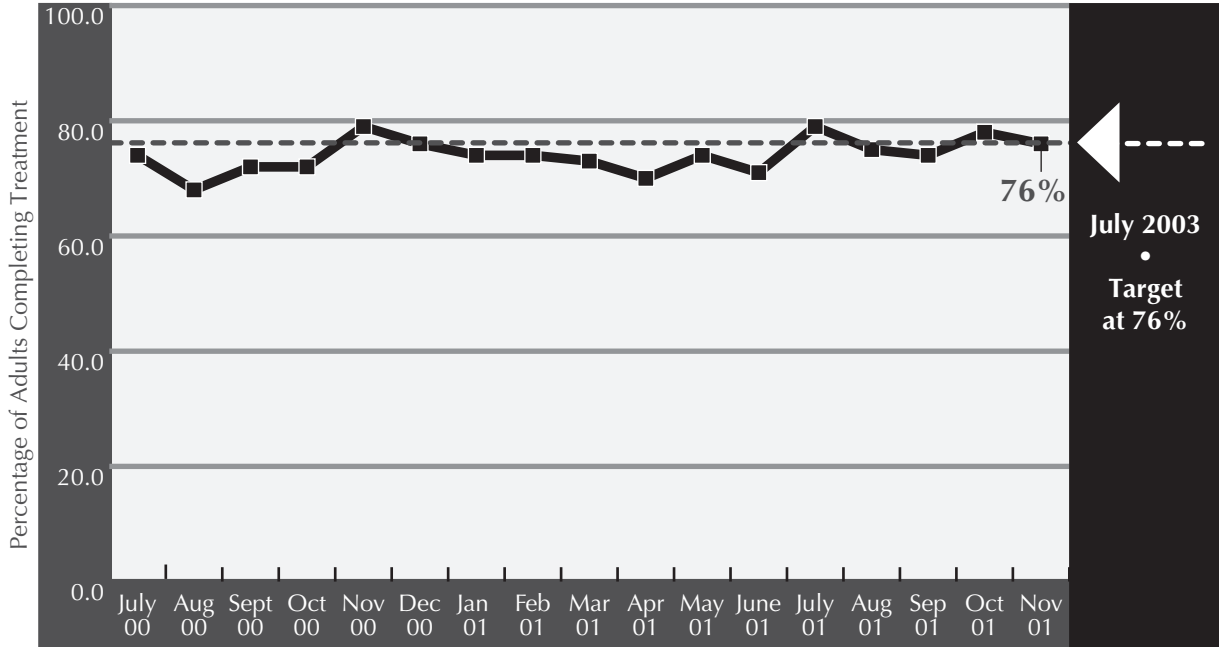
Residential Chemical Dependency Treatment Completion Rates for Youth Now Equal the July 2003 Target of 62%.



Source: Program Review, Division of Alcohol and Substance Abuse, January 2002.

The Division of Alcohol and Substance has set a goal of increasing the percentage of low-income youth who complete publicly funded residential chemical dependency treatment. Cumulative data from July-November 2001 indicate that 64% of youth completed treatment.

Residential Chemical Dependency Treatment Completion Rates for Adults Now Equal the July 2003 Target of 76%.



Source: Program Review, Division of Alcohol and Substance Abuse, January 2002.

The Division of Alcohol and Substance has set a goal of increasing the percentage of low-income adults who complete publicly funded residential chemical dependency treatment. Cumulative data from July-November 2001 indicate that 76% of youth completed treatment, equaling the July 2003 target.